



INJURY IN NEBRASKA 2004-2008



DECEMBER 2010

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EXECUTIVE SUMMARY

Injuries are a major public health concern in Nebraska and the United States, resulting in significant numbers of deaths, hospitalizations, and emergency department visits each year. From 2004 to 2008, intentional and unintentional injuries were the fifth leading cause of death in Nebraska. For Nebraskans ages 1-44 years, unintentional injuries were the leading cause of death.

To better understand the pattern of injury in Nebraska, this report combines hospital discharge data and death certificate data from 2004 to 2008. It describes the leading causes of injury death and the leading causes of injury-related hospitalizations and emergency department (ED) visits.

The data shows that the pattern of fatal and nonfatal injury varied by age group and gender, as well as by body region and nature of injury, and median hospital charge and payer source.

Highlights of the report include:

- Deaths due to injury made up 6.3% of total deaths to Nebraskans. Among 5-34 year olds, over half of all deaths were due to injuries. (78.6% for ages 15-24 and approximately 54% for both the 5-14 and 25-34 age groups).
- In Nebraska, injury was the second leading cause of years of potential life lost after malignant neoplasm (cancer).
- Statewide, unintentional motor vehicle crashes were the leading cause of injury death. Suicide was the second leading cause of injury death.
- Suicide was the leading cause of injury death for Nebraskans age 35-55. It was the second leading cause of injury death for Nebraskans age 5-34. The male death rate from suicide was higher than the female death rate (16.4 per 100,000 males vs. 3.9 per 100,000 females) while female hospitalization and ED visit rates due to self-inflicted injury (42.6 and 80.9 per 100,000 females, respectively) were higher than male rates (25.5 and 46.8 per 100,000 males, respectively).
- Death rates from falls were relatively low until the age of 65 years, when fall-related injury death rates began to rise dramatically.

- Falls were the leading cause of injury hospital discharge for all ages combined in Nebraska. They were the second leading cause of unintentional injury death.
- Motor vehicle crash hospitalization rates were highest among young adults and seniors (67.6 per 100,000 for ages 15-24 and approximately 79 per 100,000 for ages 75+). Emergency department visit rates were highest for adolescents and young adults aged 15-24 years (1212.4 per 100,000 persons).
- Older Nebraskans aged 75 years and older had the highest ED visit and hospitalization rates for numerous categories of injuries: falls, motor vehicle crashes, overexertion, poisoning, struck by/against, and suffocation.
- In addition, older Nebraskans aged 75 years and older had the highest death rates for several categories of injuries: cut/pierce, fall, motor vehicle crashes, struck by/against, and suffocation.
- Suffocation was the second leading cause of injury death for Nebraskans under the age of 1 year and those over the age of 85 years. Overall, suffocation was the sixth leading cause of injury death in Nebraska.
- Struck by/against was among the top two leading causes of hospital discharges for ages under 34.

Conclusions:

Motor vehicle crashes, suicides, and unintentional falls were the three leading causes of injury death in Nebraska for 2004-2008. On average, more years of potential life were lost due to unintentional and intentional injury than due to any other cause of death, with the exception of cancer. During this same time period, unintentional falls, motor vehicle crashes and self-inflicted injury were the three leading causes of injury-related hospitalization, while unintentional falls, struck by/against, and cut/pierce were the three leading causes of ED visits due to injury.

INTRODUCTION

Unintentional injuries are often regarded as accidents – the result of misfortune and chance. However, most unintentional injuries are preventable.

Injuries are a serious problem in Nebraska. Injuries were the fifth leading cause of death in Nebraska from 2004 to 2008. Deaths due to injury usually occur at a much younger age than deaths due to cancer or heart disease (the first and second leading causes of death in Nebraska). As a result, the number of years of potential life lost (YPLL) due to injury is disproportionately large.

Injuries, in addition to causing death, also result in a wide variety of adverse health and lifestyle outcomes. In many cases, injury leads to disability, chronic pain, large medical costs, and profound changes in one's daily life. Furthermore, injury affects more than just the injured. Injury impacts families, employers, and communities due to its negative social and economic outcomes.

Data allow us to better understand and diagnose the injury problem; it shows us which injuries are most problematic so we can appropriately focus our intervention efforts. The purpose of this report is to present recent data to improve understanding of the nature and magnitude of injury in Nebraska. This information can be used to prioritize needs, direct resources, and evaluate prevention strategies, with the goal of reducing the number and severity of injuries in Nebraska each year.

Each section of this report describes a leading cause of fatal or nonfatal injury in Nebraska. Age-adjusted and age-specific death, hospitalization, and emergency department (ED) visit rates are presented by gender in each section. Also, body region and nature of injury, median hospital cost, and payer source are described for hospitalizations and ED visits. For intentional injuries, including suicide/self-inflicted injury and homicide/assault, the method used to inflict the injury is also presented. Selected injury-related data from the Nebraska Trauma Registry are presented separately in data tables in Table 11 of Appendix F.



AN OVERVIEW OF INJURY IN NEBRASKA

Injury deaths as a percent of all deaths

From 2004 to 2008, approximately 6% of all deaths among Nebraskans were due to injuries. The percent of deaths due to injury were highest among younger Nebraska residents aged 5-34 years old. Among 15-24 year olds, over three-quarters (78.6%) of deaths were due to injury. *Figure 1.*

Figure 1: Injury deaths as a percent of all deaths, by age group, Nebraska residents, 2004-2008

Age Group	Injury Deaths	All Deaths	Percent of Deaths Due to Injury
All Ages	4576	72837	6.3%
< 1	47	759	6.2%
1-4	58	147	39.5%
5-14	100	184	54.3%
15-24	681	866	78.6%
25-34	441	816	54.0%
35-44	537	1760	30.5%
45-54	642	4090	15.7%
55-64	378	6703	5.6%
65-74	334	10679	3.1%
75-84	585	20461	2.9%
85+	773	26372	2.9%

Source: NE death certificates, 2004-2008

Leading causes of death in the United States

From 2004 to 2007, unintentional injury was the leading cause of death for people aged 1-44 years old in the United States, and the fifth leading cause of death overall. In addition, suicide was the second leading cause of death for adults aged 25-34 years old in the U.S., and the third leading cause of death for adolescents and young adults aged 10-24 years old. During this same time period, homicide was the second leading cause of death for U.S. adolescents and young adults aged 15-24 years old, and the third leading cause of death for U.S. adults aged 25-34 years old. *Table 1.*

Leading causes of death in Nebraska

From 2004 to 2007, unintentional injury was the leading cause of death for people aged 1-44 years old in Nebraska, and the fifth leading cause of death overall. In addition, suicide was the second leading cause of death for Nebraskans aged 15-34 years old, and the third leading cause of death for Nebraska adolescents aged 10-14 years old. During this same time period, homicide was the second leading cause of death for children aged 1-4 years old, and the third leading cause of death for Nebraska children aged 5-9 years old and Nebraskans aged 15-24 years old. *Table 2.*

Table 1: Five leading causes of death by age, United States, 2004-2007 total deaths

	Age Group										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies N=22,778	Unintentional Injury N=6,503	Unintentional Injury N=4,207	Unintentional Injury N=5,326	Unintentional Injury N=63,328	Unintentional Injury N=56,960	Unintentional Injury N=67,855	Malignant Neoplasms N=200,426	Malignant Neoplasms N=400,821	Heart Disease N=2,070,865	Heart Disease N=2,552,280
2	Short Gestation N=19,054	Congenital Anomalies N=2,152	Malignant Neoplasms N=1,950	Malignant Neoplasms N=1,935	Homicide N=21,819	Suicide N=20,327	Malignant Neoplasms N=56,494	Heart Disease N=151,188	Heart Disease N=259,825	Malignant Neoplasms N=1,551,414	Malignant Neoplasms N=2,235,963
3	SIDS N=9,252	Malignant Neoplasms N=1,517	Congenital Anomalies N=779	Suicide N=949	Suicide N=16,857	Homicide N=18,730	Heart Disease N=49,791	Unintentional Injury N=75,271	Chronic Low. Respiratory Disease N=49,653	Cerebro-vascular N=487,390	Cerebro-vascular N=566,724
4	Maternal Pregnancy Comp. N=6,943	Homicide N=1,516	Homicide N=525	Homicide N=881	Malignant Neoplasms N=6,723	Malignant Neoplasms N=14,353	Suicide N=26,501	Liver Disease N=30,937	Diabetes Mellitus N=44,817	Chronic Low. Respiratory Disease N=434,320	Chronic Low. Respiratory Disease N=505,427
5	Unintentional Injury N=4,567	Heart Disease N=672	Heart Disease N=389	Congenital Anomalies N=724	Heart Disease N=4,317	Heart Disease N=12,942	HIV N=16,771	Suicide N=29,101	Unintentional Injury N=44,143	Alzheimer's Disease N=281,628	Unintentional Injury N=475,126

Source: WISQARS™, Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Table 2: Five leading causes of death by age, Nebraska, 2004-2007 total deaths

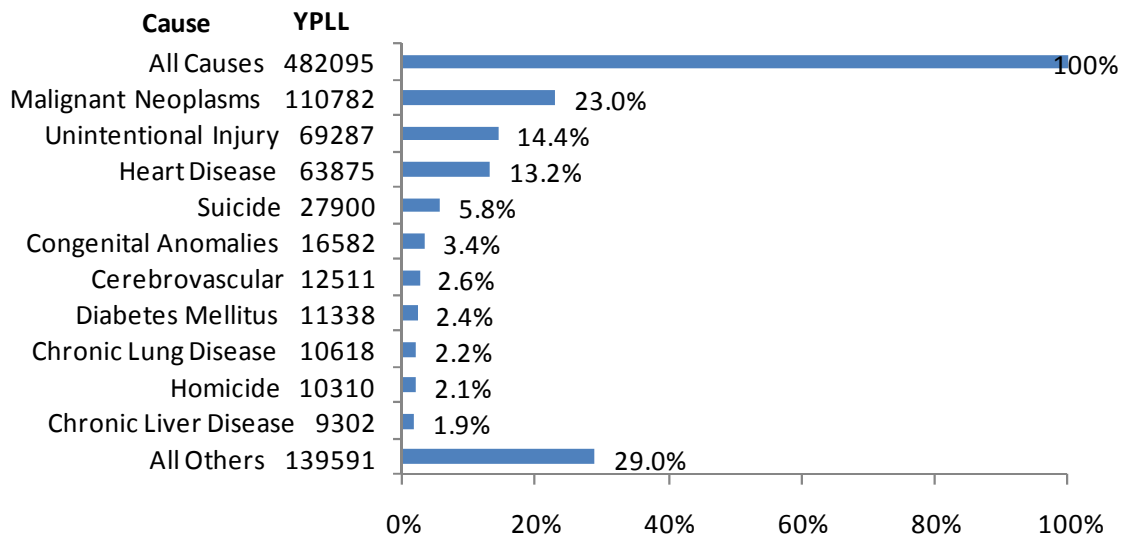
	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies N=152	Unintentional Injury N=34	Unintentional Injury N=34	Unintentional Injury N=39	Unintentional Injury N=401	Unintentional Injury N=232	Unintentional Injury N=269	Malignant Neoplasms N=963	Malignant Neoplasms N=2,174	Heart Disease N=12,261	Heart Disease N=14,343
2	SIDS N=83	Homicide N=11	Malignant Neoplasms N=12	Malignant Neoplasms N=17	Suicide N=131	Suicide N=92	Heart Disease N=258	Heart Disease N=677	Heart Disease N=1,052	Malignant Neoplasms N=9,987	Malignant Neoplasms N=13,534
3	Short Gestation N=62	Malignant Neoplasms N=11	Homicide N=5	Suicide N=15	Homicide N=55	Malignant Neoplasms N=74	Malignant Neoplasms N=250	Unintentional Injury N=341	Chronic Low. Respiratory Disease N=263	Cerebro-vascular N=3,421	Cerebro-vascular N=3,807
4	Maternal Pregnancy Comp. N=55	Congenital Anomalies N=9	Congenital Anomalies N=4	Heart Disease N=5	Malignant Neoplasms N=44	Heart Disease N=56	Suicide N=148	Suicide N=159	Diabetes Mellitus N=215	Chronic Low. Respiratory Disease N=3,181	Chronic Low. Respiratory Disease N=3,561
5	Placenta Cord Membranes N=39	Cerebro-vascular N=4	Chronic Low. Respiratory Disease N=1	Congenital Anomalies N=3	Heart Disease N=19	Homicide N=44	Liver Disease N=52	Liver Disease N=137	Unintentional Injury N=206	Alzheimer's Disease N=1,923	Unintentional Injury N=2,804

Source: WISQARS™, Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Years of potential life lost due to injury

Years of potential life lost (YPLL) is a measure of premature death. The younger the age of a person at death, the more years of potential life lost. From 2004-2008, deaths due to unintentional injury accounted for approximately 14% of total YPLL among Nebraskans. During this same period, suicide accounted for nearly 6% of total YPLL. *Figure 2.*

Figure 2: Total years of potential life lost (YPLL) before age 75 years old, by underlying cause of death, Nebraska residents, 2004-2008



Source: NE death certificates, 2004-2008

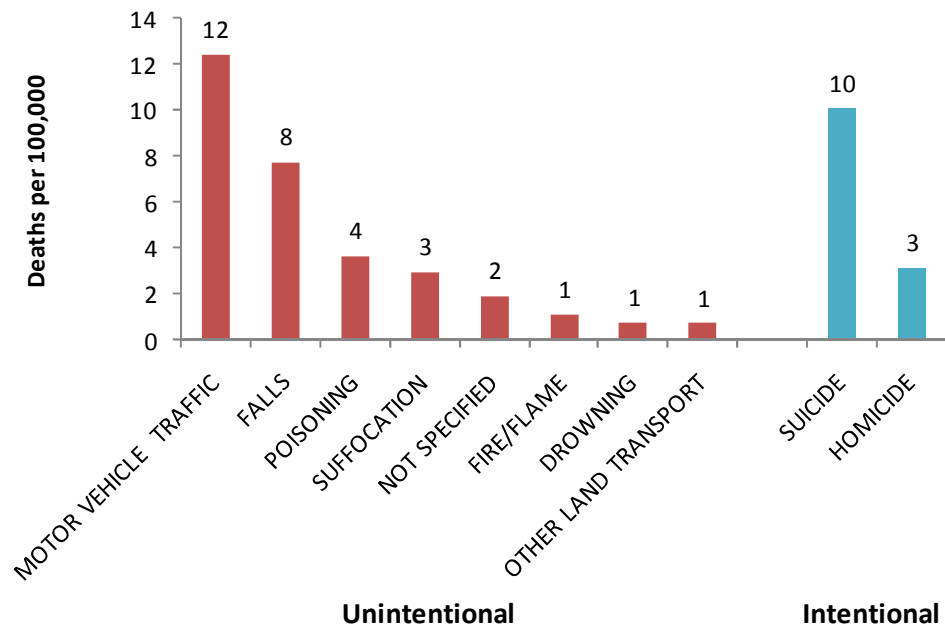
Leading causes of injury death in Nebraska

Unintentional motor vehicle crashes were the leading cause of injury death among Nebraska residents from 2004-2008 (12 deaths per 100,000 persons). During the same time period, suicide was the second leading cause of injury death among Nebraskans (10 deaths per 100,000 persons), followed by unintentional falls (8 deaths per 100,000 persons). *Figure 3.*

Leading causes of hospitalizations due to injury in Nebraska

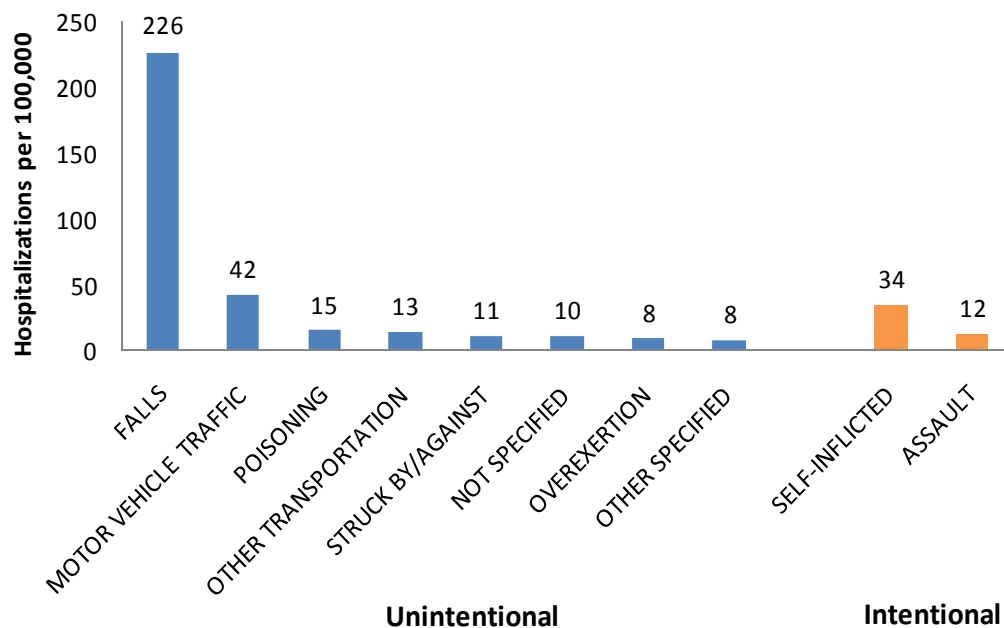
Unintentional falls were the leading cause of hospitalizations due to injury among Nebraska residents from 2004-2008 (226 per 100,000 persons). During the same time period, unintentional injuries due to motor vehicle traffic were the second leading cause of hospitalizations due to injury (42 per 100,000 persons), followed by self-inflicted injuries (34 per 100,000 persons). *Figure 4.*

Figure 3: Age-adjusted death rates due to leading causes of unintentional and intentional injuries, Nebraska residents, 2004-2008 (n=4,576)



Source: NE death certificates, 2004-2008

Figure 4: Age-adjusted hospitalization rates due to leading causes of unintentional and intentional injuries, Nebraska residents, 2004-2008

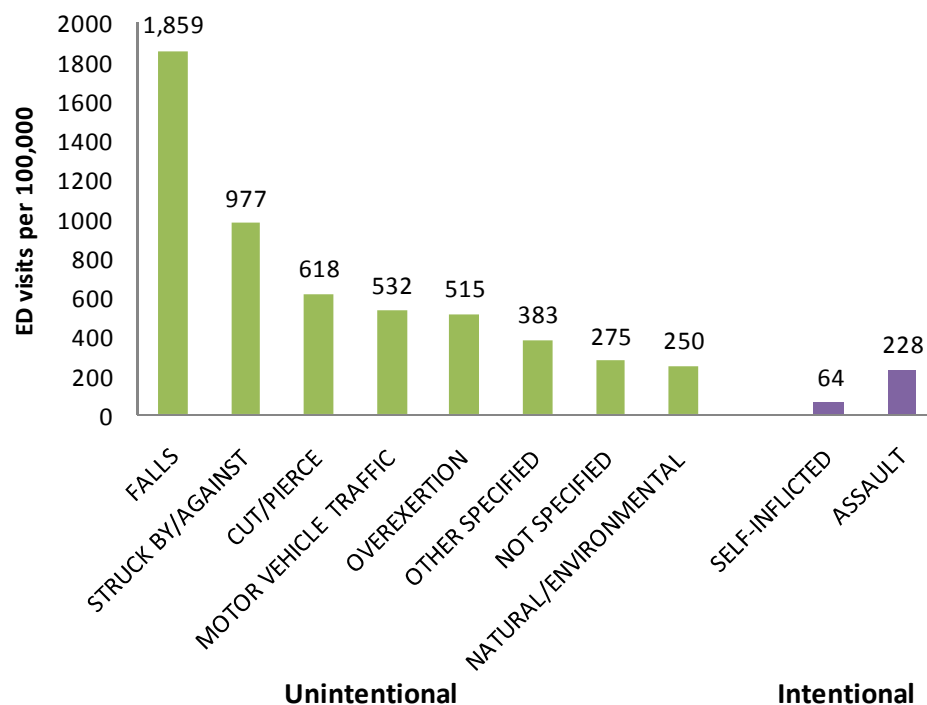


Source: NE hospital discharge data, 2004-2008

Leading causes of emergency department (ED) visits due to injury in Nebraska

Unintentional falls were the leading cause of emergency department (ED) visits due to injury among Nebraska residents from 2004-2008 (1,859 per 100,000 persons). During the same time period, unintentional struck by/against injuries were the second leading cause of ED visits due to injury (977 per 100,000 persons), followed by unintentional cut/pierce injuries (618 per 100,000 persons). *Figure 5.*

Figure 5: Age-adjusted emergency department (ED) visit rates due to leading causes of unintentional and intentional injuries, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

UNINTENTIONAL MOTOR VEHICLE CRASHES



Overview

From 2004 to 2008, motor vehicle crashes were the leading cause of injury death and the second leading cause of injury-related hospitalizations among Nebraskans.

Definitions

Unintentional motor vehicle crashes include, but are not limited to:

- motor vehicle traffic accidents involving collision with a train,
- motor vehicle traffic accidents involving collision with another motor vehicle,
- motor vehicle traffic accident involving collision with a pedestrian, and
- motor vehicle traffic accident due to loss of control, without collision

Deaths

Rates

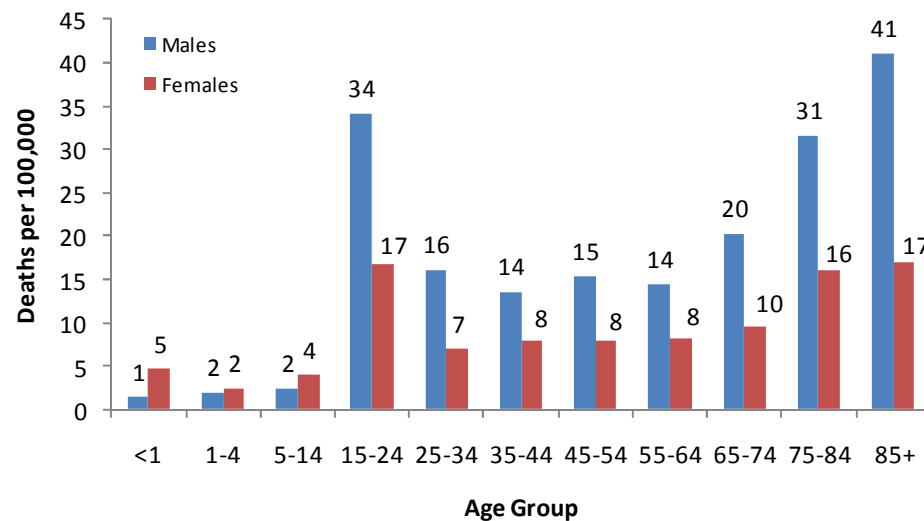
From 2004 to 2008, the age-adjusted death rate due to unintentional motor vehicle crash injuries was 12.4 per 100,000 Nebraskans. Such deaths were most common among adolescents and young adults aged 15-24 years old (26 per 100,000 persons), and older adults aged 85 years and older (24 per 100,000 persons). In general, deaths due to motor vehicle crashes were more common among males than among females (16 per 100,000 males vs. 9 per 100,000 females). *Figure 6.*

Hospitalizations

Rates

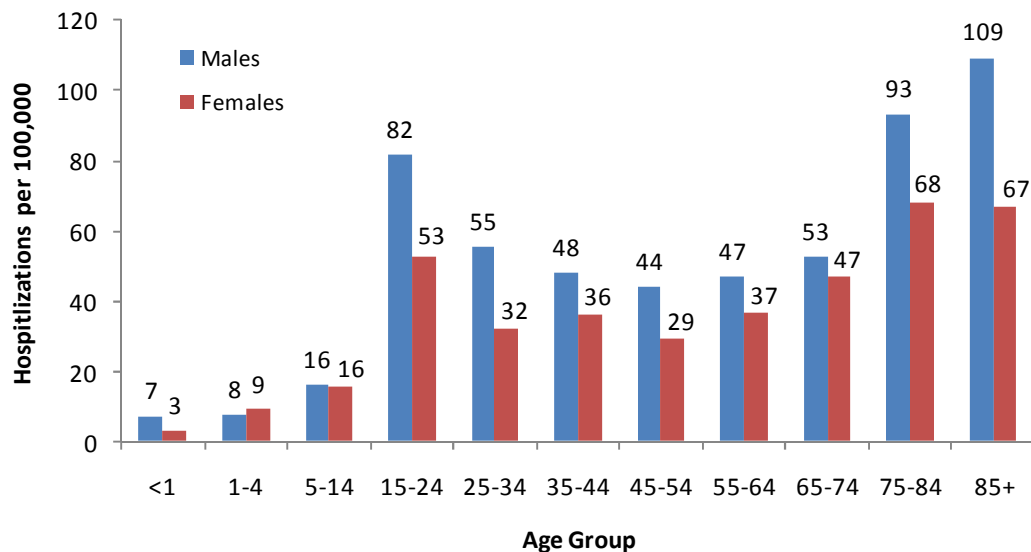
From 2004 to 2008, the age-adjusted hospitalization rate due to unintentional motor vehicle crash injuries was 41.7 per 100,000 Nebraskans. Hospitalizations due to unintentional motor vehicle crash injuries were most common among males aged 15-24 years (82 per 100,000 persons), males aged 75-84 years (93 per 100,000 persons), and males aged 85 years and older (109 per 100,000 persons). *Figure 7.*

Figure 6: Death rates due to unintentional motor vehicle crash injuries, by age group and gender, Nebraska residents, 2004-2008 (n=1,119)



Source: NE death certificates, 2004-2008

Figure 7: Hospitalization rates due to unintentional motor vehicle crash injuries, by age group and gender, Nebraska residents, 2004-2008 (n= 3,728)



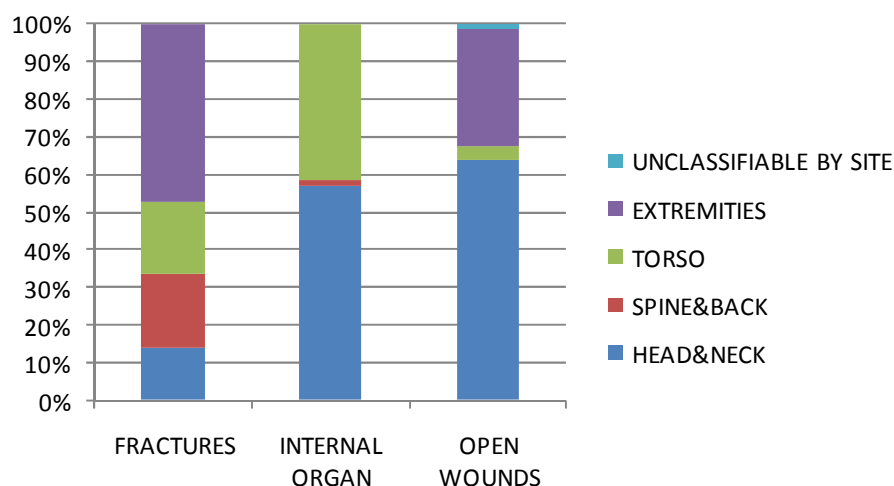
Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 59% of all hospitalizations for unintentional motor vehicle crash injuries were to treat fractures, 25% were to treat internal organ injuries, 5% were to treat open wounds, and 11% were to treat other or unspecified injuries.

Nearly half (47%) of fractures were fractures of the extremities, while approximately 57% of internal organ injuries were injuries of the head and neck, including traumatic brain injuries. *Figure 8.*

Figure 8: Hospitalizations due to unintentional motor vehicle crash injuries, by body region and nature of injury, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Median hospital charges and payer source

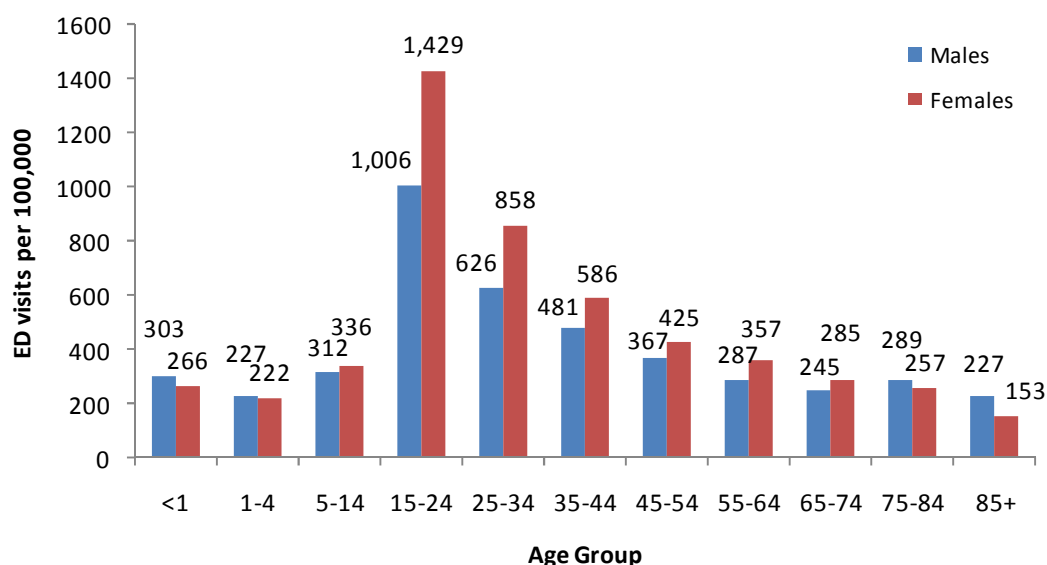
The median hospital charge for injuries due to unintentional motor vehicle crashes was \$23,567 for hospitalizations. Approximately 17% of hospitalization charges to treat injuries caused by unintentional motor vehicle crashes were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Emergency department (ED) visits

Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to unintentional motor vehicle crash injuries was 532.3 per 100,000 Nebraskans. Emergency department (ED) visits due to unintentional motor vehicle crash injuries were most common among adolescents and young adults aged 15-24 years (1,212 per 100,000 persons). Among individuals in this age category, ED visits due to unintentional motor vehicle crash injuries were considerably higher among females than males (1,429 per 100,000 females vs. 1,006 per 100,000 males). *Figure 9.*

Figure 9: Emergency department (ED) visit rates due to unintentional motor vehicle crash injuries, by age group and gender, Nebraska residents, 2004-2008 (n=46,867)



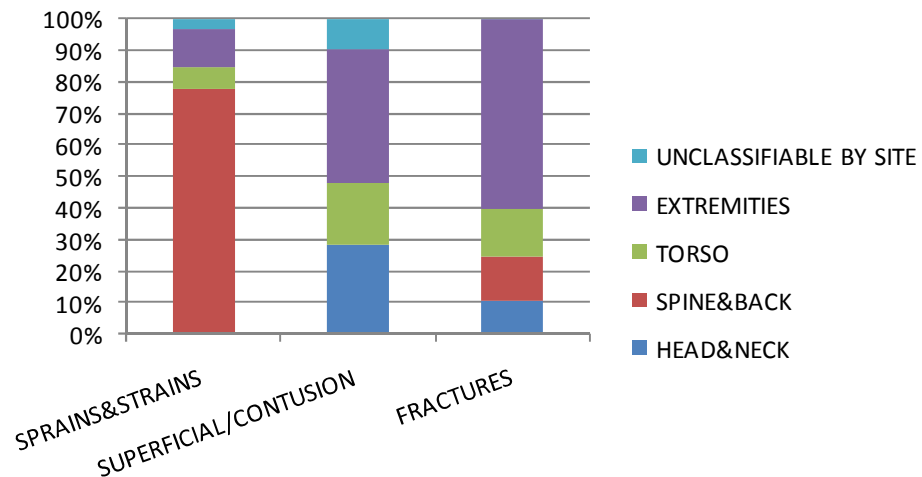
Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 40% of all emergency department (ED) visits for unintentional motor vehicle crash injuries were to treat sprains and strains, 31% were to treat superficial injuries or contusions, 8% were to treat fractures, and 20% were to treat other or unspecified injuries.

Approximately 77% of sprains and strains were of the back and spine, while nearly 43% of superficial injuries or contusions were of the extremities. *Figure 10.*

Figure 10: Emergency department (ED) visits due to unintentional motor vehicle crash injuries, by body region and nature of injury, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Median hospital charges and payer source

The median hospital charge for injuries due to unintentional motor vehicle crashes was \$708 for emergency department (ED) visits. Approximately 14% of ED visit charges to treat unintentional motor vehicle crash injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

UNINTENTIONAL FALLS

Overview

From 2004 to 2008, unintentional falls were the leading cause of hospitalizations and emergency department (ED) visits due to injury among Nebraskans, and the third leading cause of injury death.

Definitions

Unintentional falls include:

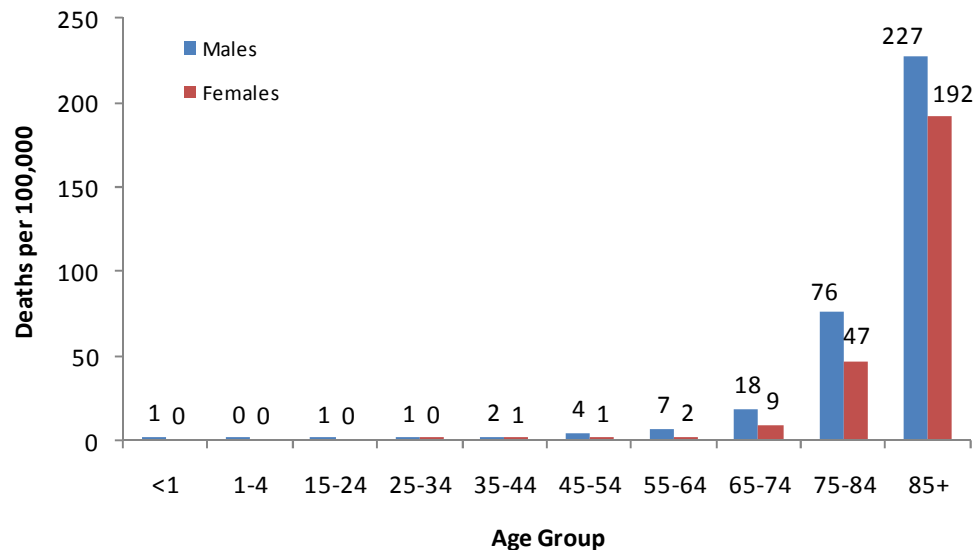
- fall on or from stairs or steps,
- fall on or from ladders or scaffolding,
- fall from or out of building or other structure, such as a balcony or roof,
- fall into hole or other opening in surface,
- fall from one level to another including: fall from playground equipment, chairs, beds, and other furniture,
- fall on same level from slipping, tripping, or stumbling,
- fall on same level from collision, pushing, or shoving, by or with other person, including in sports
- other and unspecified falls.



Deaths

From 2004 to 2008, the age-adjusted death rate due to unintentional fall injuries was 7.7 per 100,000 Nebraskans. Such deaths were most common among adults aged 85 years and older (202 per 100,000 persons). Among adults aged 75 years and older, death rates due to unintentional fall injuries were higher for males than for females (76 per 100,000 males vs. 47 per 100,000 females among adults aged 75-84 years old; 227 per 100,000 males vs. 192 per 100,000 females among adults aged 85 years and older). *Figure 11.*

Figure 11: Death rates due to unintentional fall injuries, by age group and gender, Nebraska residents, 2004-2008 (n=814)



Source: NE death certificates, 2004-2008

Hospitalizations

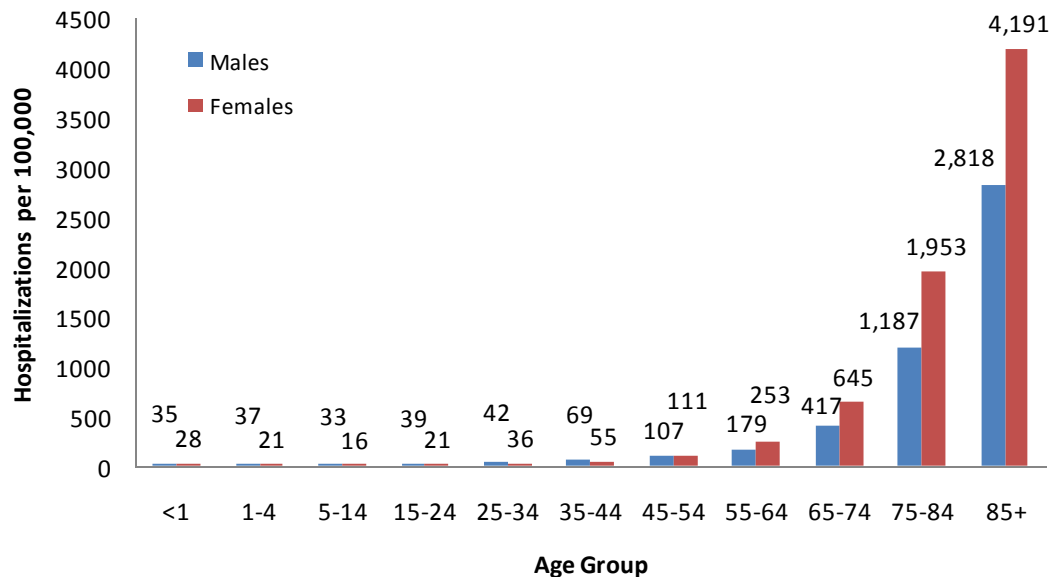
Rates

From 2004 to 2008, the age-adjusted hospitalization rate due to unintentional fall injuries was 226.5 per 100,000 Nebraskans. Hospitalizations due to unintentional fall injuries were most common among older Nebraska residents. Adults aged 85 years and older were most likely to be discharged from a hospital due to an unintentional fall injury (3,778 per 100,000 persons). For adults aged 45 years and older, hospitalization rates due to unintentional fall injuries were higher among females than males. *Figure 12.*

Body region and nature of injury

Approximately 82% of all hospitalizations for unintentional falls were to treat fractures; of these, nearly 80% were fractures of the extremities.

Figure 12: Hospitalization rates due to unintentional fall injuries, by age group and gender, Nebraska residents, 2004-2008 (n=22,618)

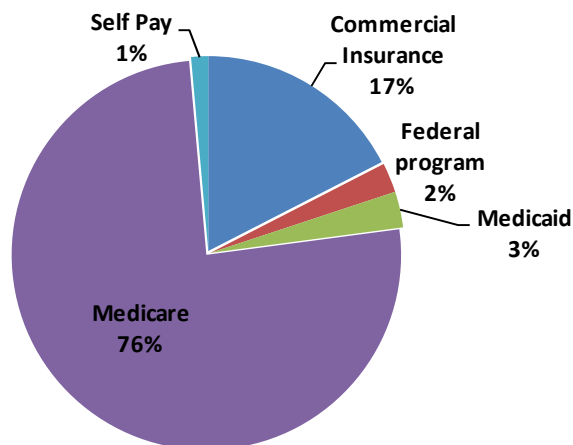


Source: NE hospital discharge data 2004-2008

Median hospital charges, and payer source

The median hospital charge for injuries due to unintentional falls was \$18,256 for hospitalizations. Nearly 80% of hospitalization charges to treat unintentional fall injuries were paid for by Medicare and Medicaid. *Figure 13.*

Figure 13: Hospitalizations due to unintentional fall injuries, by payer source, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

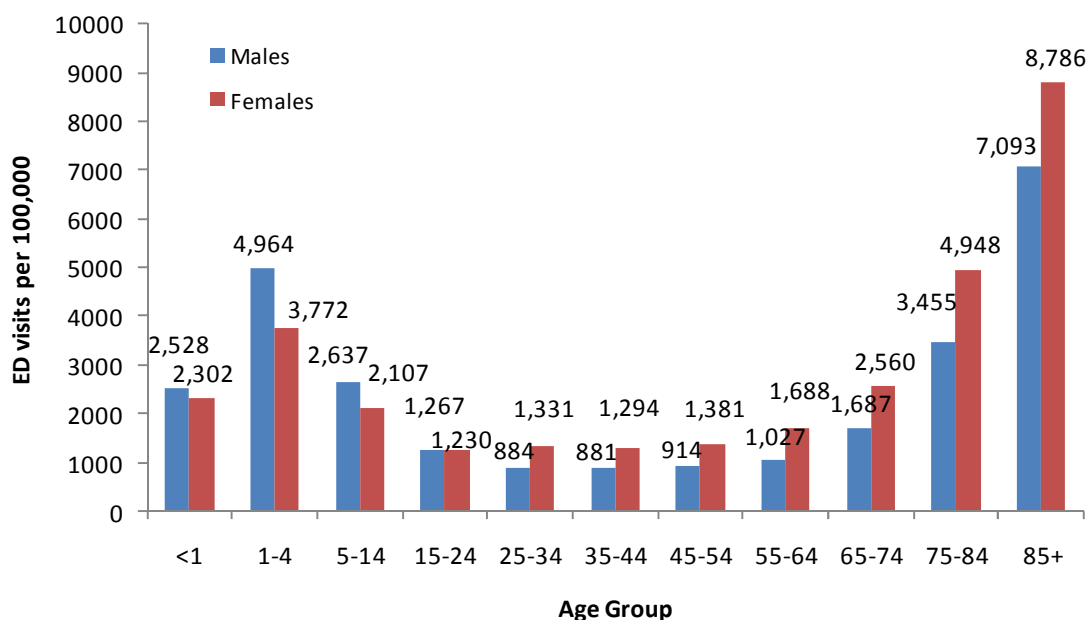
Emergency department (ED) visits

Rates

Emergency department (ED) visits due to unintentional fall injuries were most common among older Nebraska residents. Adults aged 85 years and older had the highest ED visit rates due to an unintentional fall injury (8,276 per 100,000 persons). Among children and adolescents, youth ages 1-4 years had relatively higher ED visit rates due to unintentional fall injuries (4,382 per 100,000 persons) compared to youth in other age groups.

For adults aged 25 years and older, hospitalization rates due to unintentional fall injuries were higher among females than males. For younger age categories, hospitalization rates due to unintentional fall injuries were higher among males than females. *Figure 14.*

Figure 14: Emergency department (ED) visit rates due to unintentional fall injuries, by age group and gender, Nebraska residents, 2004-2008 (n=168,782)



Source: NE hospital discharge data 2004-2008

Body region and nature of injury

Approximately 25% of all emergency department visits for unintentional fall injuries were to treat fractures, 25% were to treat superficial injuries or contusion, 22% were to treat open wounds, and 17% were to treat another or unspecified injury.

Among fractures, nearly 80% were fractures of the extremities. Among superficial injuries or contusions, approximately half (51%) were injuries of the extremities.

Median hospital charges and payer source

The median hospital charge for unintentional fall injuries was \$617 for emergency department (ED) visits. Nearly half (47%) of ED visit charges to treat unintentional fall injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

UNINTENTIONAL STRUCK BY/AGAINST

Overview

From 2004-2008, unintentional struck/by against was the second leading cause of emergency department (ED) visits for injuries among Nebraskans.



Definitions

Unintentional struck by/against includes:

- struck accidentally by a falling object, such as the collapse of a building, or an object falling from a machine, and
- striking against or struck accidentally by objects and people, such as being kicked or stepped on during a game, or being struck by a hit or thrown ball in sports, or being crushed or stepped on by a crowd due to collective fear or panic.

Deaths

From 2004 to 2008, there were 24 deaths due to unintentional struck by/against injuries. Overall, such deaths were uncommon among Nebraskans of all ages (less than 1 death per 100,000 persons).

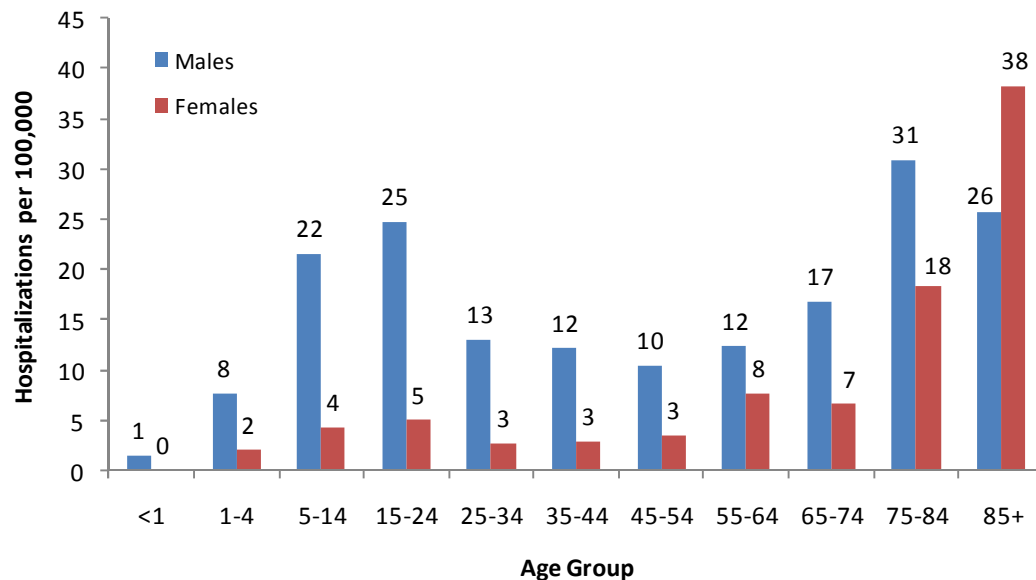
Hospitalizations

Rates

From 2004 to 2008, the age-adjusted hospitalization rate due to unintentional struck by/against injuries was 10.8 per 100,000 Nebraskans. Hospitalization rates due to unintentional struck by/against injuries were highest among Nebraska adults aged 85 years and older (34 per 100,000 persons). In this particular age group, the hospitalization rates for unintentional struck by/against injuries were considerably higher for females than for males (38 per 100,000 females vs. 26 per 100,000 males).

For all other age categories, hospitalization rates for unintentional struck by/against injuries were higher for males than for females. This difference is most apparent among 5-14 year olds (22 per 100,000 males vs. 4 per 100,000 females) and 15-24 year olds (25 per 100,000 males vs. 5 per 100,000 females). *Figure 15.*

Figure 15: Hospitalization rates due to unintentional struck by/against injuries, by age group and gender, Nebraska residents, 2004-2008 (n=969)



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

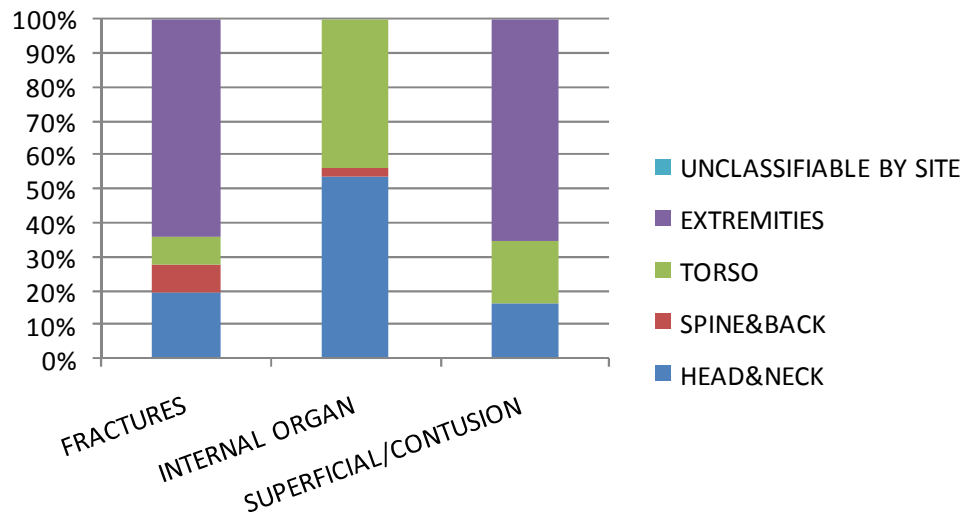
Approximately 56% of all hospitalizations for unintentional struck by/against injuries were to treat fractures, 21% were to treat injuries of the internal organs, 7% were to treat superficial injuries or contusions, and 16% were to treat other or unspecified injuries.

Among fractures, approximately 64% were fractures of the extremities while nearly 20% were fractures of the head and neck. Among internal organ injuries, over half (54%) were injuries of the head and neck, including traumatic brain injury, and approximately 44% were injuries of the torso. *Figure 16.*

Median hospital charges and payer source

The median hospital charge for unintentional struck by/against injuries was \$12,472 for hospitalizations. Approximately 30% of hospitalization charges to treat unintentional struck by/against injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Figure 16: Hospitalizations due to unintentional struck by/against injuries, by body region and nature of injury, Nebraska residents, 2004-2008

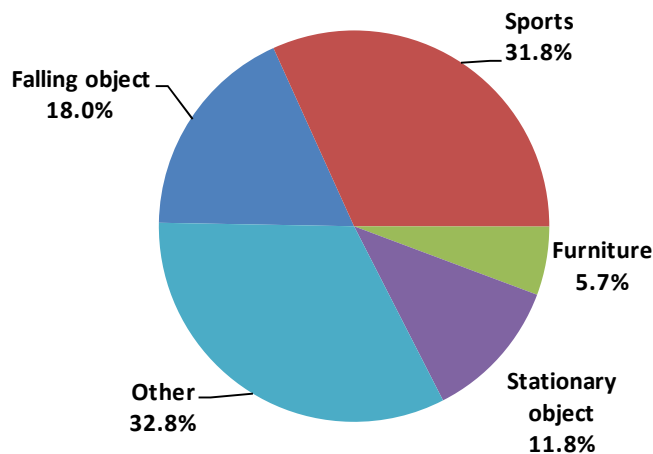


Source: NE hospital discharge data, 2004-2008

Details of cause of injury

Among hospitalizations due to unintentional struck by/against injuries, nearly one-third (31.8%) were sports-related. *Figure 17.*

Figure 17: Hospitalizations due to unintentional struck by/against injuries, by details of cause of injury, Nebraska residents, 2004-2008



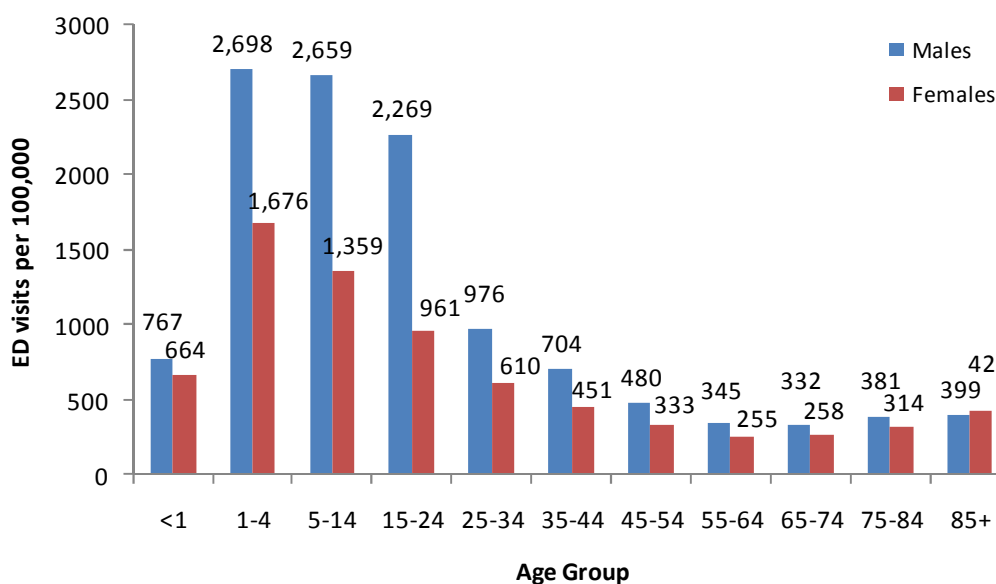
Source: NE hospital discharge data, 2004-2008

Emergency department (ED) visits

Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to unintentional struck by/against injuries was 976.7 per 100,000 Nebraskans. Emergency department (ED) visit rates due to unintentional struck by/against injuries were highest among children and adolescents (2,199 per 100,000 persons aged 1-4 years old; 2,023 per 100,000 persons aged 5-14 years old). Overall, ED visit rates due to unintentional struck by/against injuries were higher for males than for females (1,249 per 100,000 males vs. 694 per 100,000 females). *Figure 18.*

Figure 18: Emergency department (ED) visit rates due to unintentional struck by/against injuries, by age group and gender, Nebraska residents, 2004-2008 (n=85,441)



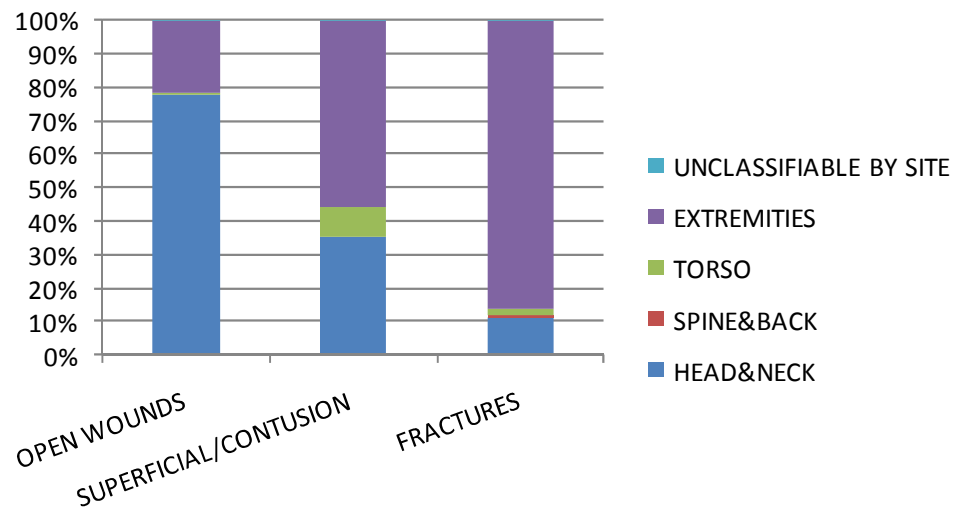
Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 35% of all emergency department (ED) visits for unintentional struck by/against injuries were to treat open wounds, 31% were to treat superficial injuries or contusions, 14% were to treat fractures, and 20% were to treat other or unspecified injuries.

Among open wounds, over three-quarters (77%) were open wounds of the head and neck, while approximately 22% were open wounds of the extremities. Among superficial or contusion injuries, over half (56%) were injuries of the extremities, and approximately 35% were injuries of the head and neck. *Figure 19.*

Figure 19: Emergency department (ED) visits due to unintentional struck by/against injuries, by body region and nature of injury, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Median hospital charges and payer source

The median hospital charge for unintentional struck by/against injuries was \$449 for emergency department (ED) visits. Approximately 26% of ED visit charges to treat unintentional struck by/against injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Details of cause of injury

Among emergency department (ED) visits due to unintentional struck by/against injuries, approximately 26% were sports-related, 13% involved a stationary object, 9% involved a falling object, 7% involved furniture, and 46% involved other or unknown objects.

UNINTENTIONAL CUTTING/PIERCING

Overview

From 2004-2008, unintentional cutting/piercing was the third leading cause of emergency department (ED) visits for injuries among Nebraskans.

Definitions

Unintentional cutting and/or piercing includes injuries caused by cutting and piercing instruments or objects including:

- a powered lawn mower,
- other powered hand tools,
- powered household appliances and implements,
- knives, swords, and daggers,
- other hand tools and implements,
- hypodermic needles, and
- other specified cutting and piercing instruments or objects.



Deaths

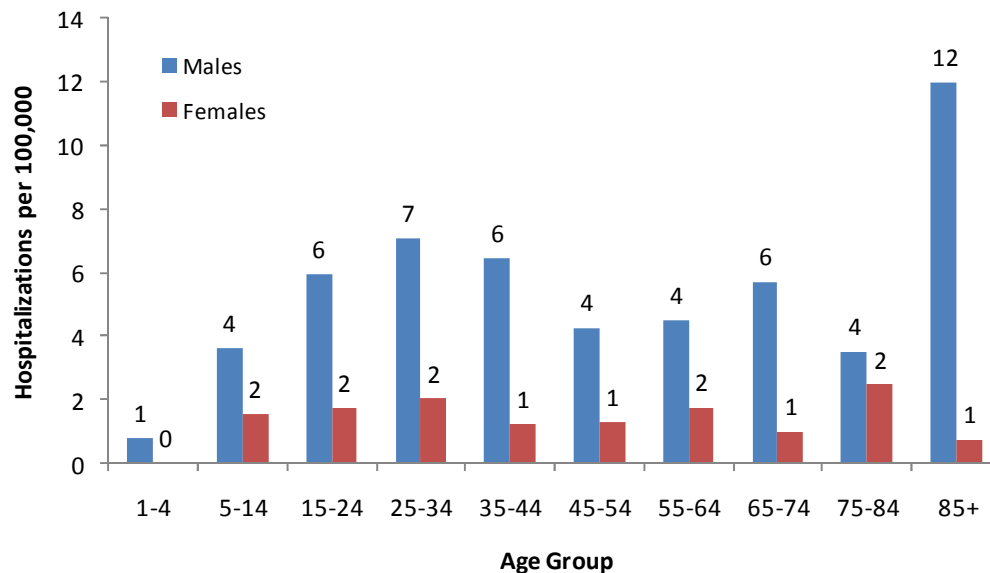
From 2004 to 2008, there were a total of 4 deaths due to unintentional cut/pierce injuries among Nebraskans.

Hospitalizations

Rates

From 2004 to 2008, the age-adjusted hospitalization rate due to unintentional cut/pierce injuries was 3.2 per 100,000 Nebraskans. Hospitalization rates due to unintentional cut/pierce injuries were highest among Nebraska males aged 85 years and older (12 per 100,000 persons). Males had higher hospitalization rates due to cut/pierce injuries than females across all age categories (5 per 100,000 males vs. 1 per 100,000 females). *Figure 20.*

Figure 20: Hospitalization rates due to unintentional cut/pierce injuries, by age group and gender, Nebraska residents, 2004-2008 (n=282)



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 57% of all hospitalizations for unintentional cut/pierce injuries were to treat open wounds, 14% were to treat fractures, 9% were to treat amputations, and 19% were to treat other or unspecified injuries.

Among open wounds, nearly 90% were open wounds of the extremities.

Median hospital charges and payer source

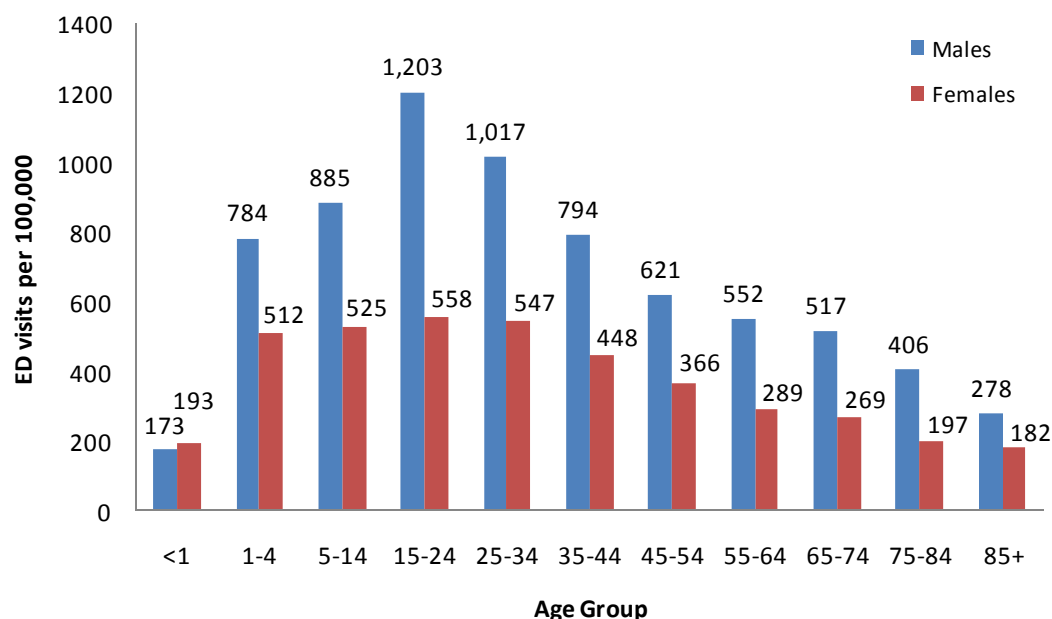
The median hospital charge for unintentional cut/pierce injuries was \$11,322 for hospitalizations. Approximately 27% of hospitalization charges to treat unintentional cut/pierce injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Emergency department (ED) visits

Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to unintentional cut/pierce injuries was 617.7 per 100,000 Nebraskans. Emergency department (ED) visit rates due to unintentional cut/pierce injuries were, overall, higher among males than females (797 per 100,000 males vs. 436 per 100,000 females). Among males, unintentional cut/pierce injuries were highest among 15-24 year olds (1,203 per 100,000 males). *Figure 21.*

Figure 21: Emergency department (ED) visit rates due to unintentional cut/pierce injuries, by age group and gender, Nebraska residents, 2004-2008 (n=53,770)



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 93% of all emergency department (ED) visits for unintentional cut/pierce injuries were to treat open wounds, while the remaining 7% were to treat superficial injuries or contusions, fractures, and other or unspecified injuries.

Among open wounds, approximately 93% were open wounds of the extremities.

Median hospital charges and payer source

The median hospital charge for unintentional cut/pierce injuries was \$469 for emergency department (ED) visits. Approximately 24% of ED visit charges to treat unintentional cut/pierce injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

UNINTENTIONAL SUFFOCATION

Overview

From 2004-2008, unintentional suffocation was the fourth leading cause of injury death among Nebraskans.

Definitions

Unintentional suffocation includes:

- inhalation and ingestion of food or other object causing obstruction of respiratory tract; and
- accidental mechanical suffocation, including suffocation in a bed or cradle, by a plastic bag, due to lack of air in closed place, by falling earth or other substance.



Deaths

Rates

From 2004 to 2008, the age-adjusted hospitalization rate due to unintentional suffocation was 2.9 per 100,000 Nebraskans. Deaths due to unintentional suffocation were most common among older adults aged 85 years and older (64 per 100,000 persons). Within this age group, death rates due to unintentional suffocation were considerably higher for males than for females (89 per 100,000 males vs. 53 per 100,000 females). *Figure 22.*

Details of cause of injury

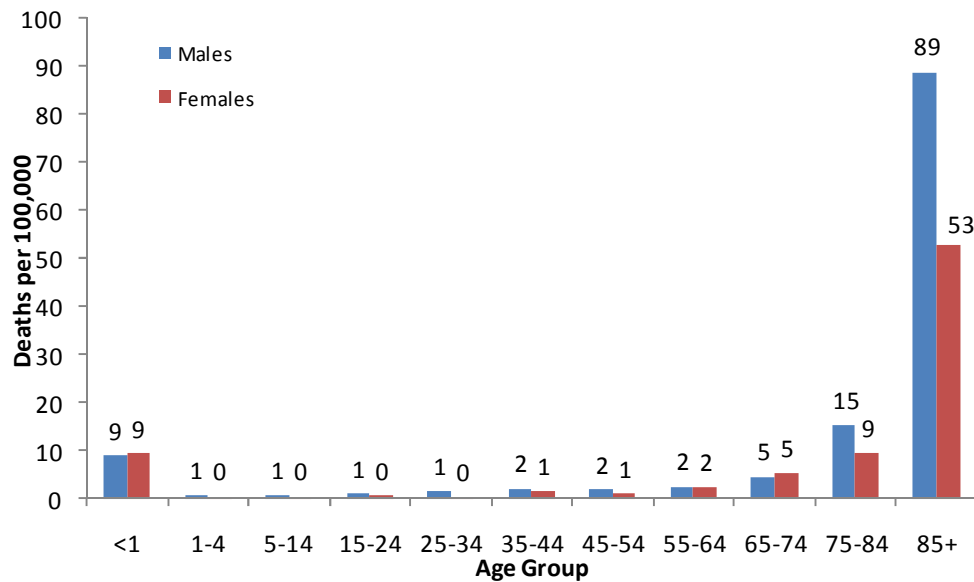
Among deaths due to suffocation, approximately 66% were due to suffocation by an object, 8% were due to suffocation by food, 8% due to suffocation by gastric contents, 2% occurred in bed, and 16% were due to suffocation by other means.

Hospitalizations

Rates

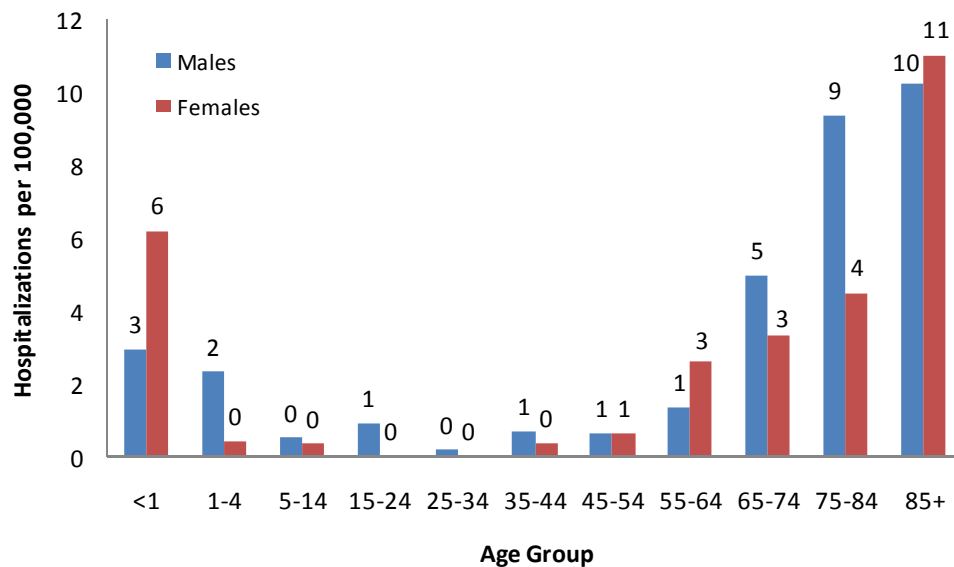
From 2004 to 2008, the age-adjusted hospitalization rate due to unintentional suffocation was 1.3 per 100,000 Nebraskans. Hospitalization rates due to unintentional suffocation were highest among Nebraskans aged 85 years or older (11 per 100,000 persons). Among children and adolescents, infants less than 1 year old had the highest hospitalization rates due to unintentional suffocation (5 per 100,000 persons). *Figure 23.*

Figure 22: Death rates due to unintentional suffocation, by age group and gender, Nebraska residents, 2004-2008 (n=299)



Source: NE death certificates, 2004-2008

Figure 23: Hospitalization rates due to unintentional suffocation, by age group and gender, Nebraska residents, 2004-2008 (n=128)



Source: NE hospital discharge data, 2004-2008

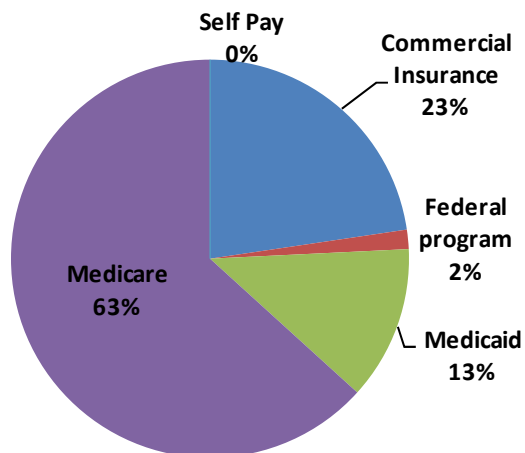
Body region and nature of injury

Approximately 95% of all hospitalizations for unintentional suffocation were to treat system wide and late effects, while the remaining 5% were to treat fractures, dislocation, and other or unspecified injuries.

Median hospital charges and payer source

The median hospital charge for injuries due to unintentional suffocation was \$10,523 for hospitalizations. Approximately 76% of hospitalization charges to treat injuries caused by unintentional suffocation were paid for by Medicare and Medicaid. *Figure 24.*

Figure 24: Hospitalizations due to unintentional suffocation, by payer source, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Details of cause of injury

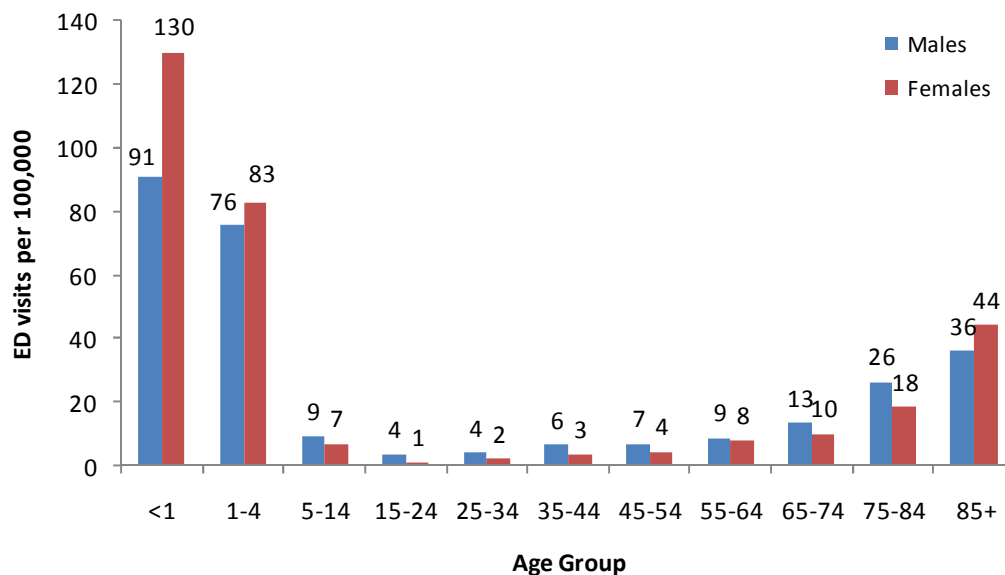
Among hospitalizations due to suffocation, approximately 48% were due to suffocation by an object, 49% were due to suffocation by food, and the remaining 3% were due to mechanical suffocation or suffocation by other means.

Emergency department (ED) visits

Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to unintentional suffocation was 12.4 per 100,000 Nebraskans. Emergency department (ED) visit rates due to unintentional suffocation were highest for infants less than 1 year old (110 per 100,000 children) and children ages 1-4 years old (79 per 100,000 children). For infants, ED visit rates due to unintentional suffocation were higher for females than for males (130 per 100,000 infants vs. 91 per 100,000 infants). *Figure 25.*

Figure 25: Emergency department (ED) visit rates due to unintentional suffocation, by age group and gender, Nebraska residents, 2004-2008 (n=1,144)



Source: NE hospital discharge data, 2004-2008

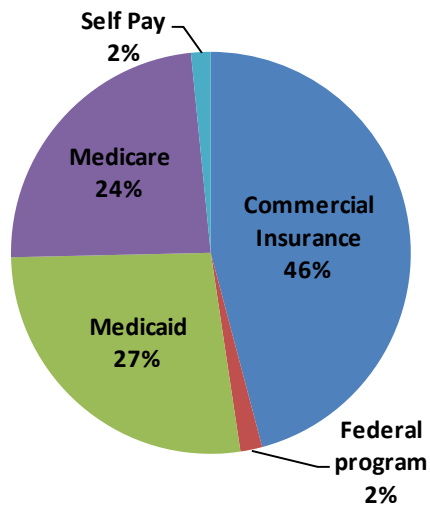
Body region and nature of injury

Approximately 98% of all hospitalizations for unintentional suffocation were to treat system wide and late effects, while the remaining 2% were to treat superficial injuries or contusions, fractures, and other or unspecified injuries.

Median hospital charges and payer source

The median hospital charge for injuries due to unintentional suffocation was \$392 for emergency department (ED) visits. Approximately 52% of ED visit charges to treat injuries caused by unintentional suffocation were paid for by Medicare and Medicaid. *Figure 26.*

Figure 26: Emergency department (ED) visits due to unintentional suffocation, by payer source, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Details of cause of injury

Among emergency department (ED) visits due to suffocation, approximately 51% were due to suffocation by an object, 48% were due to suffocation by food, and the remaining 1% were due to mechanical suffocation or suffocation by other means.

UNINTENTIONAL POISONING

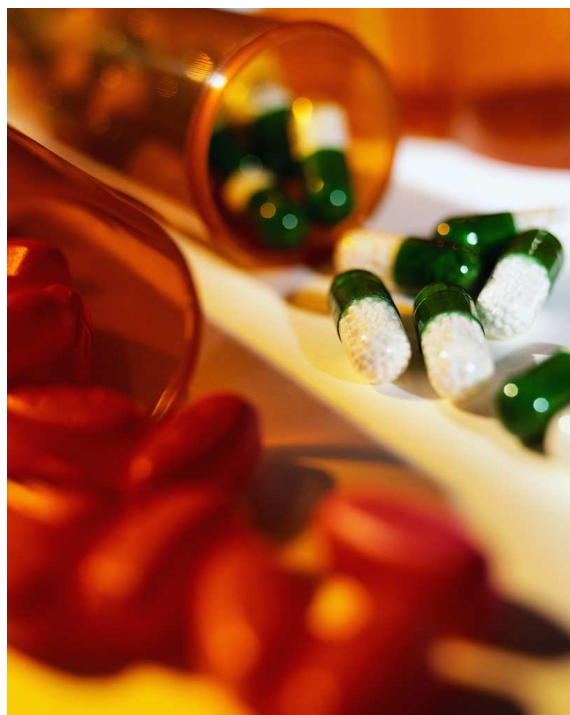
Overview

Unintentional poisoning was the fourth leading cause of unintentional injury death in Nebraska between 2004 and 2008.

Definitions

Agents involved in unintentional poisonings include:

- medications,
- alcohols,
- gases and vapors,
- cosmetics and personal care products,
- cleaning products,
- pesticides, and
- plants.



Deaths

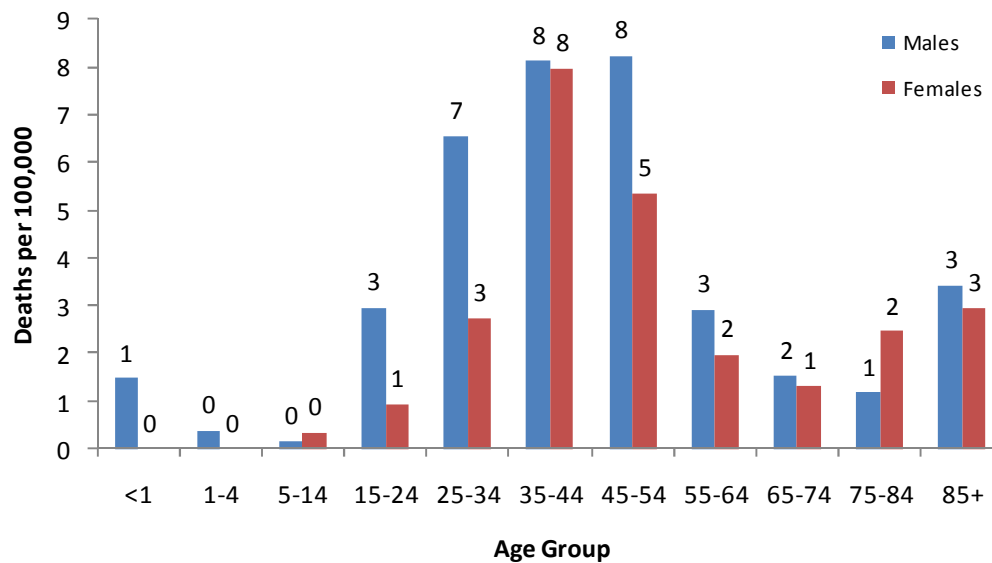
Rates

From 2004 to 2008, the age-adjusted death rate due to unintentional poisoning was 3.6 per 100,000 Nebraskans. Deaths due to unintentional poisoning were most common among Nebraska adults aged 35-44 years old (8.0 per 100,000 persons). Overall, death rates due to unintentional poisoning were slightly higher for males than for females (4.2 per 100,000 males vs. 3.0 per 100,000 females). *Figure 27.*

Details of cause of injury

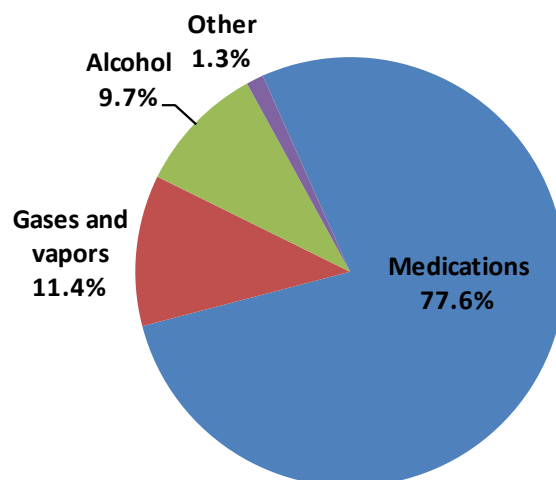
Among deaths due to unintentional poisoning, over three-quarters (77.6%) were due to poisonings by medications. *Figure 28.*

Figure 27: Death rates due to unintentional poisoning, by age group and gender, Nebraska residents, 2004-2008 (n=308)



Source: NE death certificates, 2004-2008

Figure 28: Deaths due to unintentional poisoning, by details of cause of injury, Nebraska residents, 2004-2008



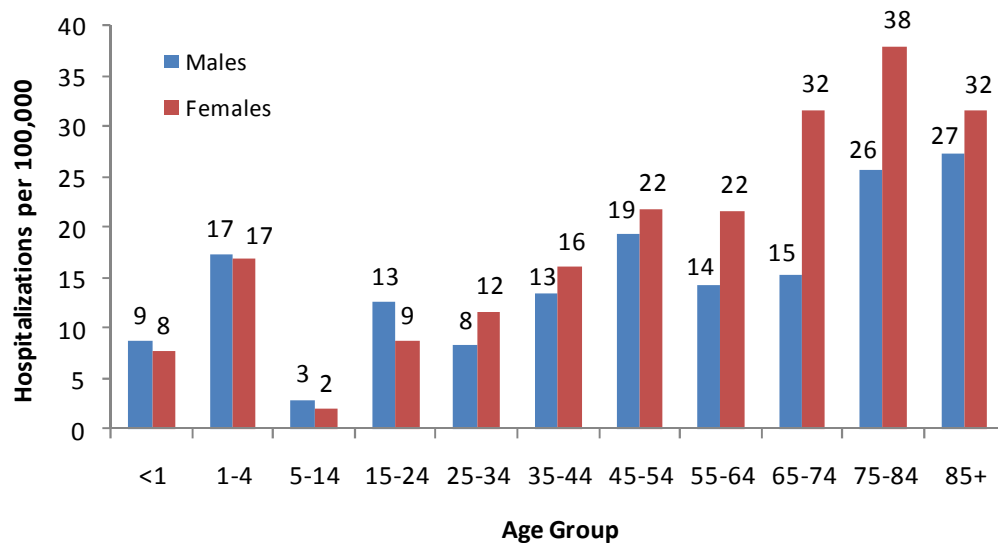
Source: NE death certificates, 2004-2008

Hospitalizations

Rates

From 2004 to 2008, the age-adjusted hospitalization rate due to unintentional poisoning was 14.5 per 100,000 Nebraskans. Hospitalization rates due to unintentional poisoning were highest among adults aged 75-84 years old (33 per 100,000 persons) and 85 years and older (30 per 100,000 persons). For adults aged 25 years and older, hospitalization rates due to unintentional poisoning were higher among females than among males. This difference was particularly evident for adults aged 65-74 year olds (32 per 100,000 females vs. 15 per 100,000 males). *Figure 29.*

Figure 29: Hospitalization rates due to unintentional poisoning, by age group and gender, Nebraska residents, 2004-2008 (n=1310)



Source: NE hospital discharge data, 2004-2008

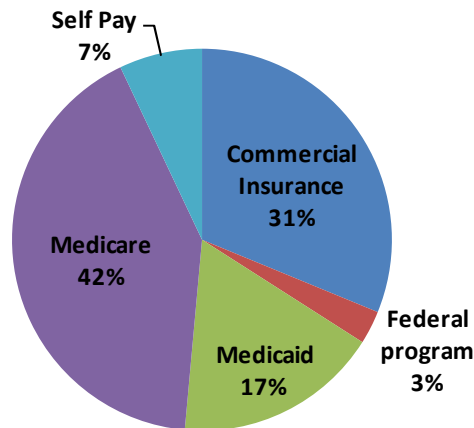
Body region and nature of injury

Approximately 99% of all hospitalizations for unintentional poisonings were to treat system wide and late effects.

Median hospital charges and payer source

The median hospital charge for unintentional poisonings was \$7,502 for hospitalizations. Approximately 59% of hospitalization charges to treat unintentional poisonings were paid for by Medicare and Medicaid. *Figure 30.*

Figure 30: Hospitalizations due to unintentional poisoning, by payer source, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Details of cause of injury

Among hospitalizations due to unintentional poisoning, approximately 87% were due to poisoning by medications. The remaining 13% were due to poisoning by gases and vapors (5.4%), alcohol (3.7%), cleaning and polishing agents (0.7%), and other means (3.4%).

Emergency department (ED) visits

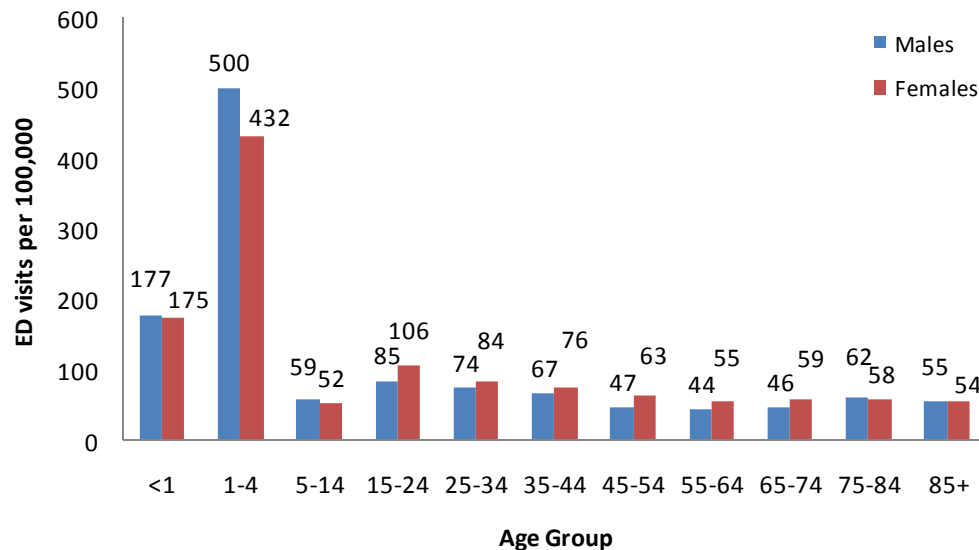
Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to unintentional poisoning was 90.5 per 100,000 Nebraskans. Emergency department (ED) visit rates due to unintentional poisoning were highest for children ages 1-4 years old (467 per 100,000 persons). Within this age category, ED visit rates due to unintentional poisoning were higher for boys than for girls (500 per 100,000 boys vs. 432 per 100,000 girls). *Figure 31.*

Body region and nature of injury

Approximately 98% of all emergency department (ED) visits for unintentional poisonings were to treat system wide and late effects.

Figure 31: Emergency department (ED) visit rates due to unintentional poisoning, by age group and gender, Nebraska residents, 2004-2008 (n=8,045)



Source: NE hospital discharge data, 2004-2008

Median hospital charges and payer source

The median hospital charge for unintentional poisonings was \$491 for emergency department (ED) visits. Approximately 39% of ED visit charges to treat unintentional poisonings were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Details of cause of injury

Among emergency department (ED) visits due to unintentional poisoning, approximately 56% were due to poisoning by medications. The remaining 44% were due to poisoning by gases and vapors (14.6%), alcohol (1.7%), cleaning and polishing agents (4.0%), and other means (23.7%).

UNINTENTIONAL DROWNING

Overview

In 2004-2008, unintentional drowning was the leading cause of injury death for Nebraska children aged 1-4 years old and was among the top five leading causes of injury death for children aged 0-14 years old.

Definitions

Drowning can be classified into two categories:

- Boat-related drowning, including those that occur as a result of submersion of a boat or other watercraft as well as those that occur when someone falls from or is washed overboard from a boat; and
- Non-boat-related drowning, which might occur during recreational activities (e.g. water-skiing, diving, swimming, playing in or near irrigation ditches, and other water-based recreation), in swimming pools, or in bathtubs.



In Nebraska, most cases that require hospital treatment are due to non-boat-related drowning.

Deaths

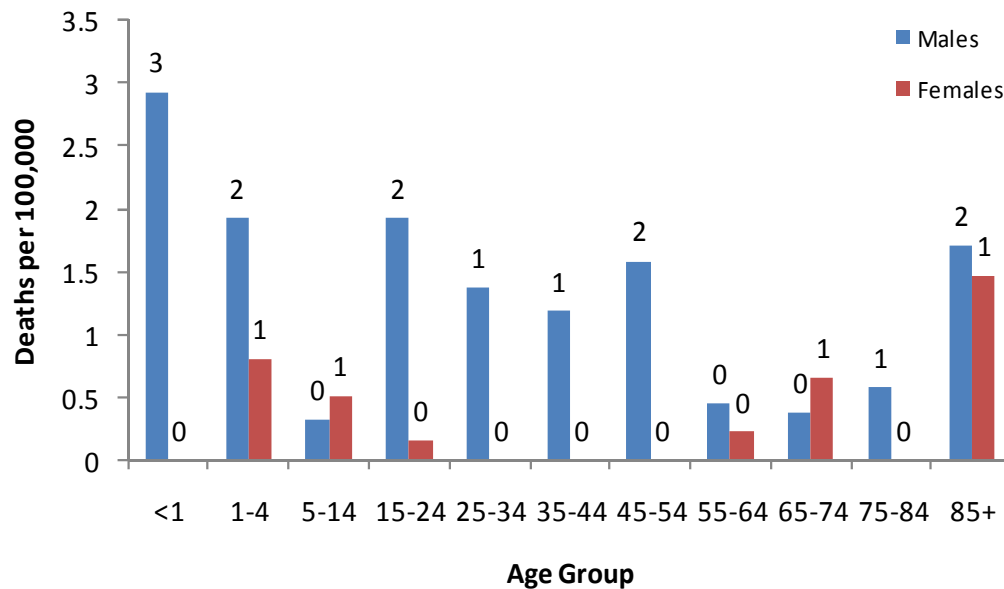
Rates

From 2004 to 2008, there were a total of 63 deaths due to drowning among Nebraskans. Overall, deaths due to unintentional drowning were relatively uncommon among Nebraska residents (less than 1 death per 100,000 persons). Deaths rates due to drowning were slightly higher for males compared to females (1.2 per 100,000 males vs. 0.2 per 100,000 females). *Figure 32.*

Details of cause of injury

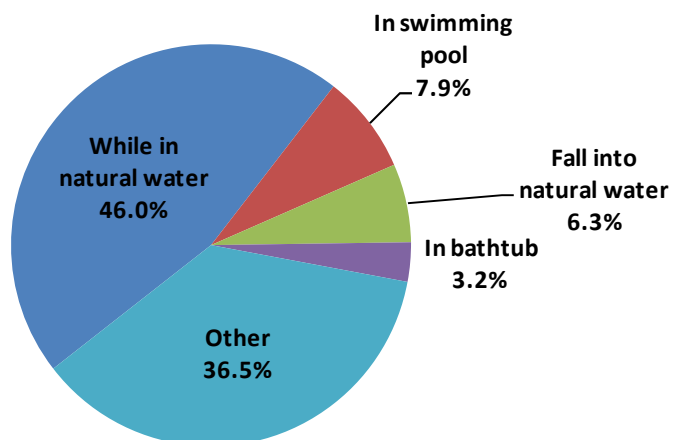
Among deaths due to drowning, approximately 46% occurred while in natural water. *Figure 33.*

Figure 32: Death rates due to unintentional drowning, by age group and gender, Nebraska residents, 2004-2008 (n=63)



Source: NE death certificates, 2004-2008

Figure 33: Deaths due to unintentional drowning, by details of cause of injury, Nebraska residents, 2004-2008



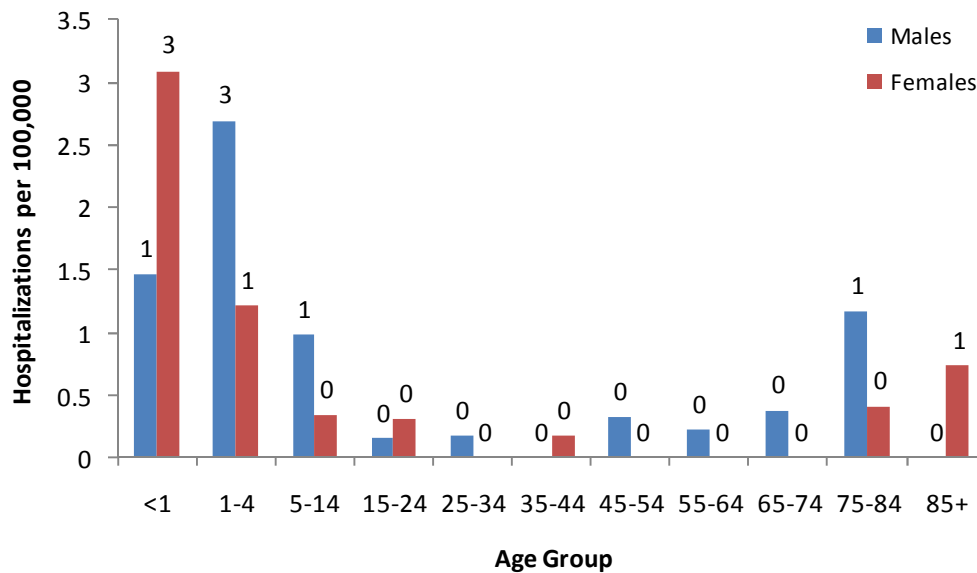
Source: NE death certificates, 2004-2008

Hospitalizations

Rates

From 2004 to 2008, hospitalization rates due to unintentional drowning were very low across all age groups of Nebraskans, with the highest rates found among infants aged less than 1 year old (2 per 100,000 infants) and children aged 1-4 years old (2 per 100,000 children). *Figure 34.*

Figure 34: Hospitalization rates due to unintentional drowning, by age group and gender, Nebraska residents, 2004-2008 (n=34)



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 98% of all hospitalizations for unintentional drowning were to treat system wide and late effects.

Median hospital charges and payer source

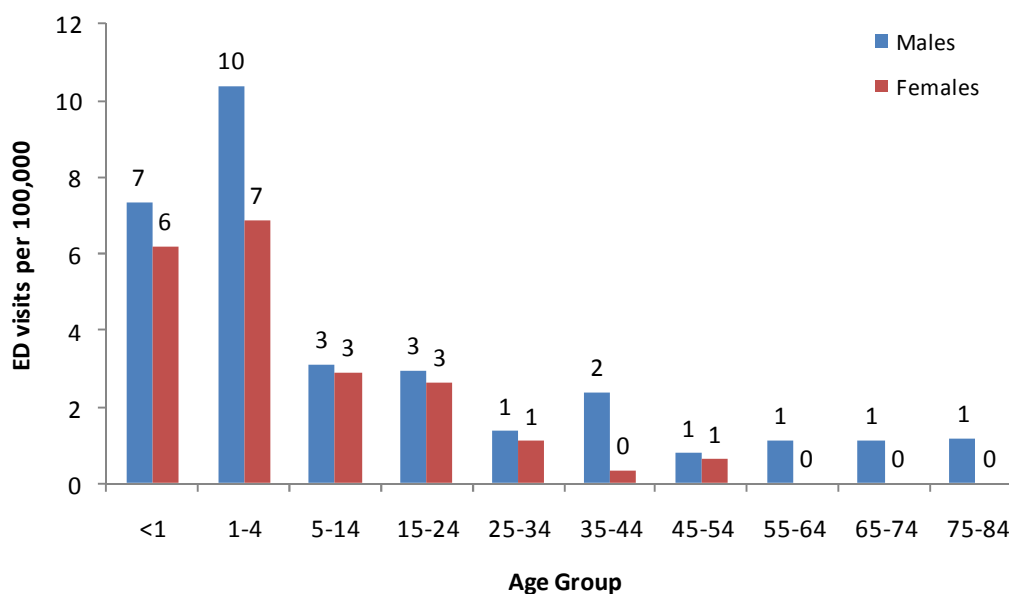
The median hospital charge for unintentional drowning was \$7,893 for hospitalizations. Approximately 15% of hospitalization charges to treat unintentional drowning were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Emergency department (ED) visits

Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to unintentional drowning was 2.0 per 100,000 Nebraskans. Emergency department (ED) visit rates due to unintentional drowning were highest among infants aged less than 1 year old (7 per 100,000 infants) and children aged 1-4 years old (9 per 100,000 children). *Figure 35.*

Figure 35: Emergency department (ED) visit rates due to unintentional drowning, by age group and gender, Nebraska residents, 2004-2008 (n=175)



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

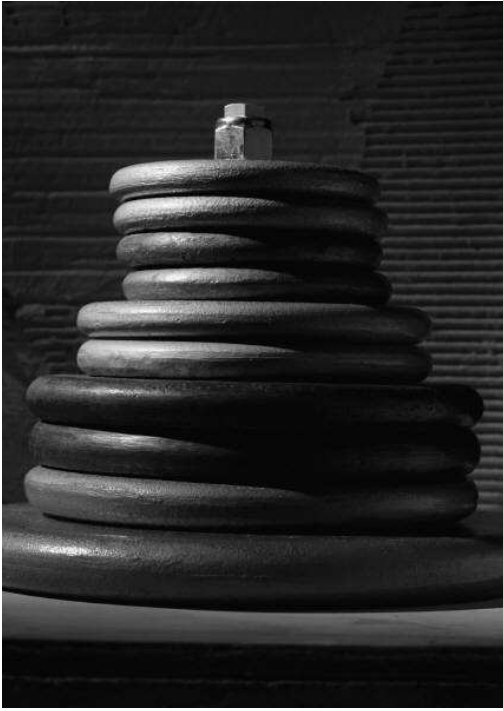
Approximately 62% of all emergency department (ED) visits for unintentional drowning were to treat system wide and late effects, 10% were to treat open wounds, 9% were to treat fractures, and 19% were to treat other or unspecified injuries.

Among open wounds, 60% were open wounds of the head and neck while 40% were open wounds of the extremities.

Median hospital charges and payer source

The median hospital charge for unintentional drowning was \$959 for emergency department (ED) visits. Approximately 32% of ED visit charges to treat unintentional drowning were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

OVEREXERTION



Overview

Definitions

Overexertion includes:

- excessive physical exercise;
- overexertion from lifting, pulling and pushing; and
- strenuous movements in recreational and other activities.

Deaths

There were 3 deaths due to overexertion reported for Nebraskans from 2004 to 2008.

Hospitalizations

Rates

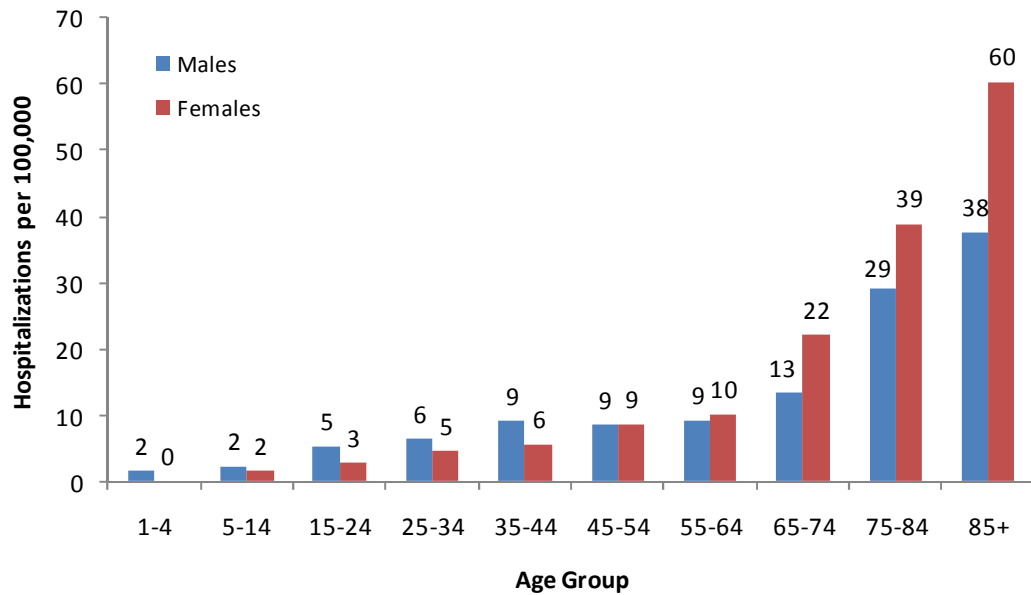
From 2004 to 2008, the age-adjusted hospitalization rate due to overexertion was 8.4 per 100,000 Nebraskans. Hospitalization rates due to overexertion were highest among Nebraska adults aged 85 years and older (53 per 100,000 persons). Among adults aged 55 years and older, hospitalization rates due to overexertion were higher for females than for males. This difference was especially pronounced among adults aged 85 years and older (60 per 100,000 females vs. 38 per 100,000 males). *Figure 36.*

Body region and nature of injury

Approximately 62% of all hospitalizations for overexertion were to treat fractures, 29% were to treat sprains and strains, 4% were to treat dislocations, and 5% were to treat other or unspecified injuries.

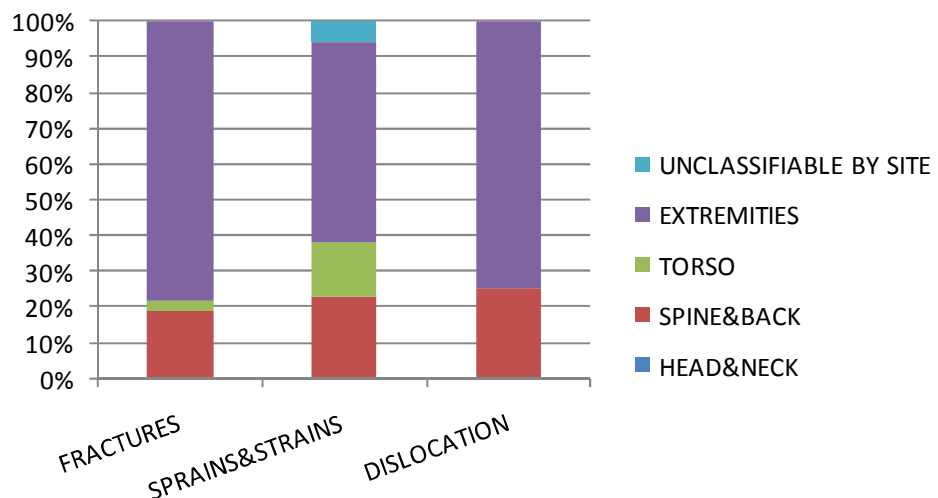
Among fractures, approximately 78% were fractures of the extremities. *Figure 37.*

Figure 36: Hospitalization rates due to overexertion, by age group and gender, Nebraska residents, 2004-2008 (n=776)



Source: NE hospital discharge data, 2004-2008

Figure 37: Hospitalizations due to overexertion, by body region and nature of injury, Nebraska residents, 2004-2008

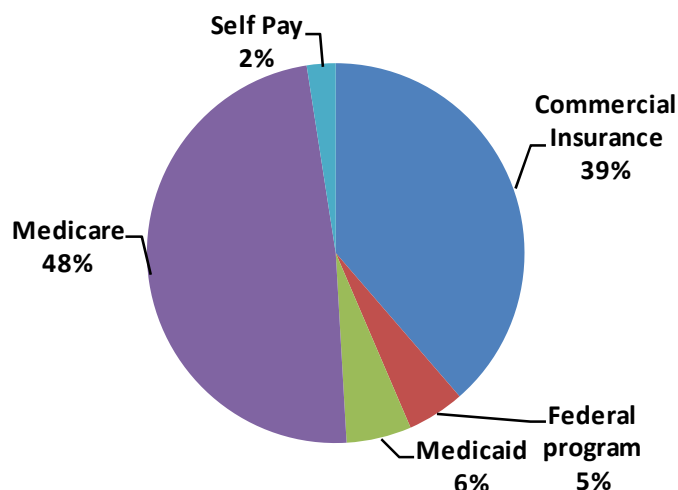


Source: NE hospital discharge data, 2004-2008

Median hospital charges and payer source

The median hospital charge for overexertion was \$13,380 for hospitalizations. Approximately 54% of hospitalization charges to treat overexertion were paid for by Medicare and Medicaid. *Figure 38.*

Figure 38: Hospitalizations due to overexertion, by payer source, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Emergency department (ED) visits

Rates

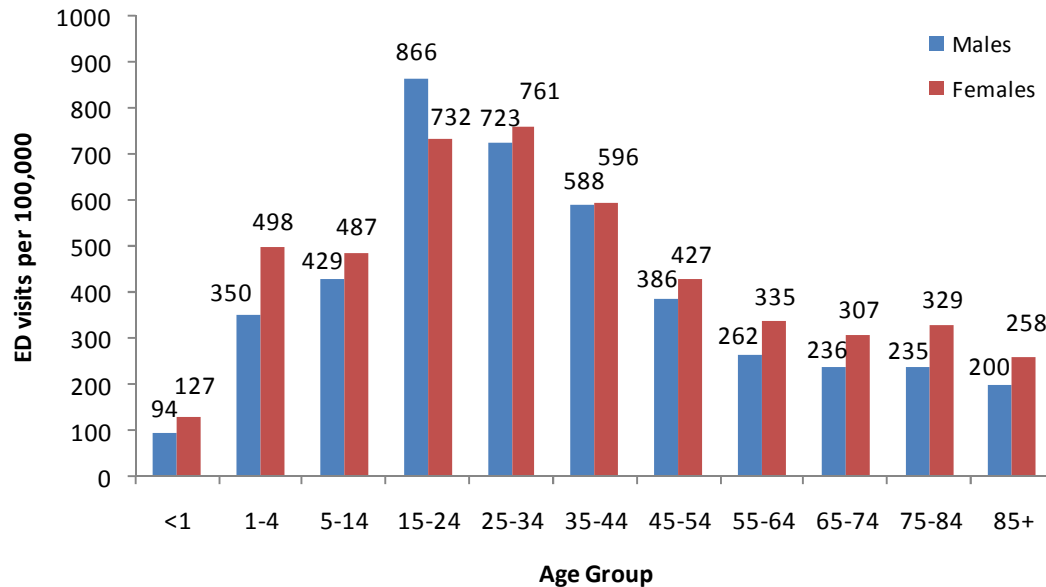
From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to overexertion was 514.9 per 100,000 Nebraskans. Emergency department (ED) visit rates for overexertion were highest among adolescents and young adults aged 15-24 years olds (801 per 100,000 persons). Within this age category, ED visit rates for overexertion injuries were higher for males than for females (866 per 100,000 males vs. 732 per 100,000 females). *Figure 39.*

Body region and nature of injury

Approximately 74% of all emergency department (ED) visits for overexertion were to treat sprains and strains, 10% were to treat fractures, 8% were to treat dislocations, and 9% were to treat other or unspecified injuries.

Among sprains and strains, approximately 69% were sprains and strains of the extremities, while nearly 19% were sprains and strains of the spine and back.

Figure 39: Emergency department (ED) visit rates due to overexertion, by age group and gender, Nebraska residents, 2004-2008 (n=44,705)



Source: NE hospital discharge data, 2004-2008

Median hospital charges and payer source

The median hospital charge for overexertion was \$492 for emergency department (ED) visits. Approximately 27% of ED visit charges to treat overexertion were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

SUICIDE AND SELF-INFLICTED INJURY



Overview

From 2004-2008, suicide was the leading cause of injury death for Nebraskans aged 25-64 years old, and the second leading cause of injury death for all age groups combined.

Definitions

Suicide and self-inflicted injury include:

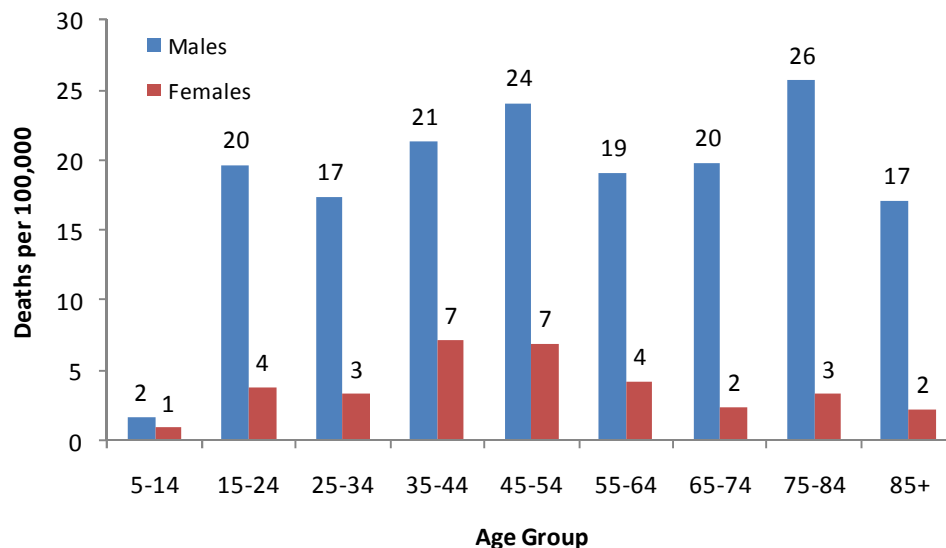
- injuries in suicide and attempted suicide, and
- self-inflicted injuries specified as intentional.

Deaths

Rates

From 2004 to 2008, the age-adjusted suicide rate was 10.0 deaths per 100,000 Nebraskans. The suicide death rate was highest among adults aged 35-54 (about 15 deaths per 100,000 persons). Overall, suicide rates were higher among males than females (16.4 per 100,000 males vs. 3.9 per 100,000 females). *Figure 40.*

Figure 40: Suicide death rates, by age group and gender, Nebraska residents, 2004-2008 (n=882)

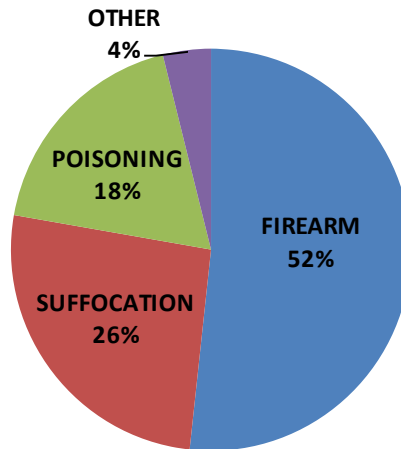


Source: NE death certificates, 2004-2008

Method used

Approximately 52% of all suicide deaths were caused by firearm, while 26% were caused by suffocation, 18% by poisoning, and 4% by other means. *Figure 41.*

Figure 41: Suicide deaths, by method used, Nebraska residents, 2004-2008



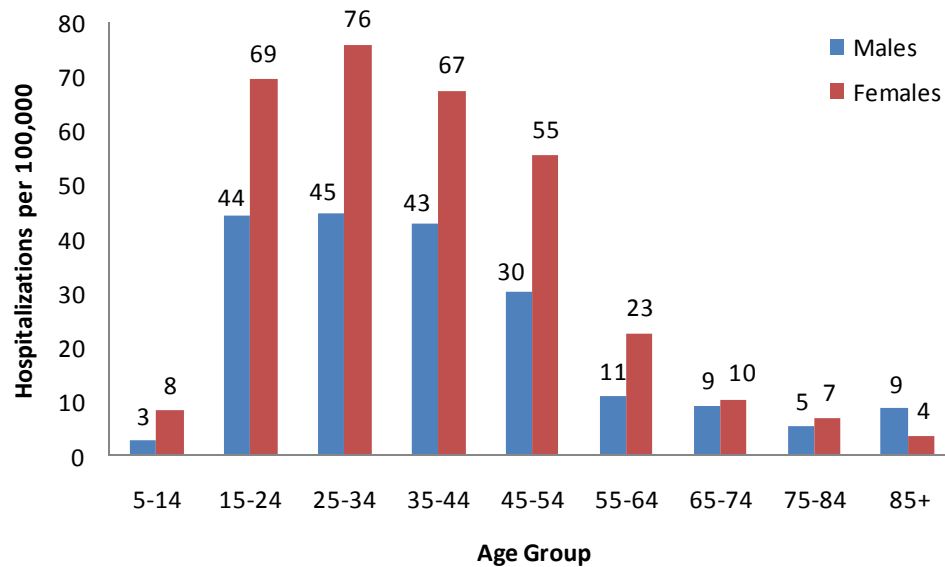
Source: NE death certificates, 2004-2008

Hospitalizations

Rates

From 2004 to 2008, the age-adjusted hospitalization rate due to self-inflicted injury was 33.9 per 100,000 Nebraskans. Hospitalization rates due to self-inflicted injury were highest among adolescents and adults aged 15-44 years old (57 per 100,000 persons aged 15-24 years old; 60 per 100,000 persons aged 25-34 year olds; and 55 per 100,000 persons aged 35-44 years old). Overall, hospitalization rates due to self-inflicted injury were higher among females than males (43 per 100,000 females vs. 26 per 100,000 males). *Figure 42.*

Figure 42: Hospitalization rates due to self-inflicted injury, by age group and gender, Nebraska residents, 2004-2008 (n=2,914)

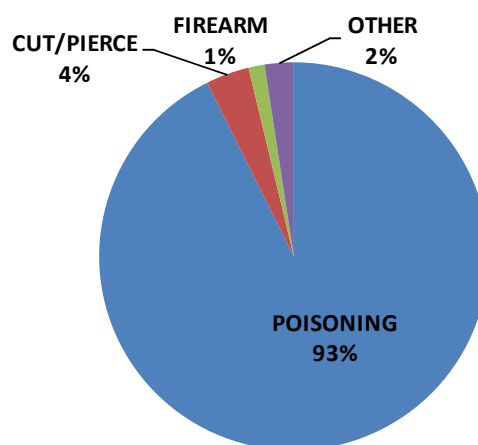


Source: NE hospital discharge data, 2004-2008

Method used

Approximately 93% of all self-inflicted injuries resulting in hospitalization were caused by poisoning, while 4% were caused by cut/pierce, 1% by firearm, and 2% by other means. *Figure 43.*

Figure 43: Hospitalizations due to self-inflicted injury, by method used, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 93% of all hospitalizations for self-inflicted injuries were to treat system wide and late effects, 3% were to treat open wounds, 2% were to treat injuries of the internal organs, and 2% were to treat other or unspecified injuries.

Median hospital charges and payer source

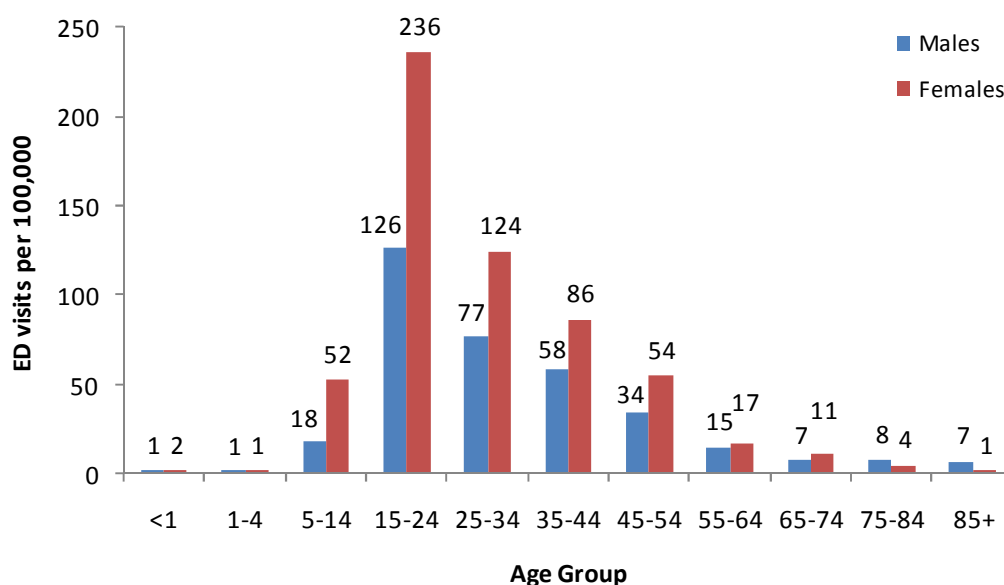
The median hospital charge for self-inflicted injuries was \$6,863 for hospitalizations. Approximately 33% of hospitalization charges to treat self-inflicted injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Emergency department (ED) visits

Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to self-inflicted injury was 63.5 per 100,000 Nebraskans. Emergency department (ED) visit rates due to self-inflicted injury were highest among adolescents and young adults aged 15-24 years old (180 per 100,000 persons). Overall, ED visit rates due to self-inflicted injury were higher among females than males (81 per 100,000 females vs. 47 per 100,000 males). *Figure 44.*

Figure 44: Emergency department (ED) visit rates due to self-inflicted injury, by age group and gender, Nebraska residents, 2004-2008 (n=5545)

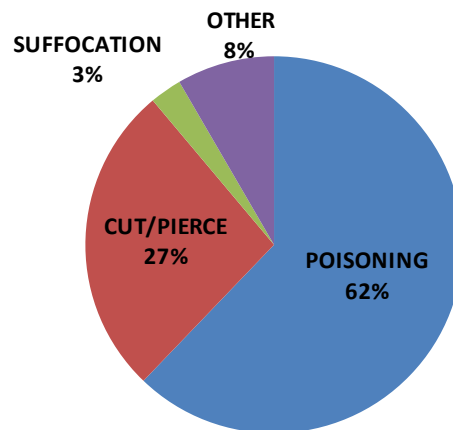


Source: NE hospital discharge data, 2004-2008

Method used

Approximately 62% of all self-inflicted injuries resulting in emergency department (ED) visits were caused by poisoning, while 27% were caused by cut/pierce, 3% by suffocation, and 8% by other means. *Figure 45.*

Figure 45: Emergency department (ED) visits due to self-inflicted injury, by method used, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 69% of all emergency department (ED) visits for self-inflicted injuries were to treat system wide and late effects, 21% were to treat open wounds, 6% were to treat superficial injuries or contusions, and 4% were to treat other or unspecified injuries.

Median hospital charges and payer source

The median hospital charge for self-inflicted injuries was \$1,533 for emergency department (ED) visits. Approximately 34% of ED visit charges to treat self-inflicted injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

HOMICIDE AND ASSAULT

Overview

From 2004 to 2008, homicide was the second leading cause of death for Nebraskans aged 1-4 years old and the third leading cause of death for Nebraska adolescents and young adults aged 15-24 years old.



Definitions

Homicide and assault includes injuries inflicted by another person with intent to injure or kill, by any means, such as:

- fight, brawl, or rape,
- assault by corrosive or caustic substance,
- assault by poisoning,
- assault by drowning,
- assault by cutting and piercing instrument,
- child and adult abuse, and
- criminal neglect.

Deaths

Rates

From 2004 to 2008, the age-adjusted homicide rate in Nebraska was 3.1 deaths per 100,000 persons. Homicide deaths were most common among infants aged 1 year and less (14.3 per 100,000 persons). In addition, homicide deaths were more common among males than females (4.4 per 100,000 males vs. 1.7 per 100,000 females). *Figure 46.*

Method used

Approximately 61% of all homicide deaths were caused by firearm, while 11% were caused by cut/pierce, 6% by suffocation, 3% by struck by/against, and 19% by other means. *Figure 47.*

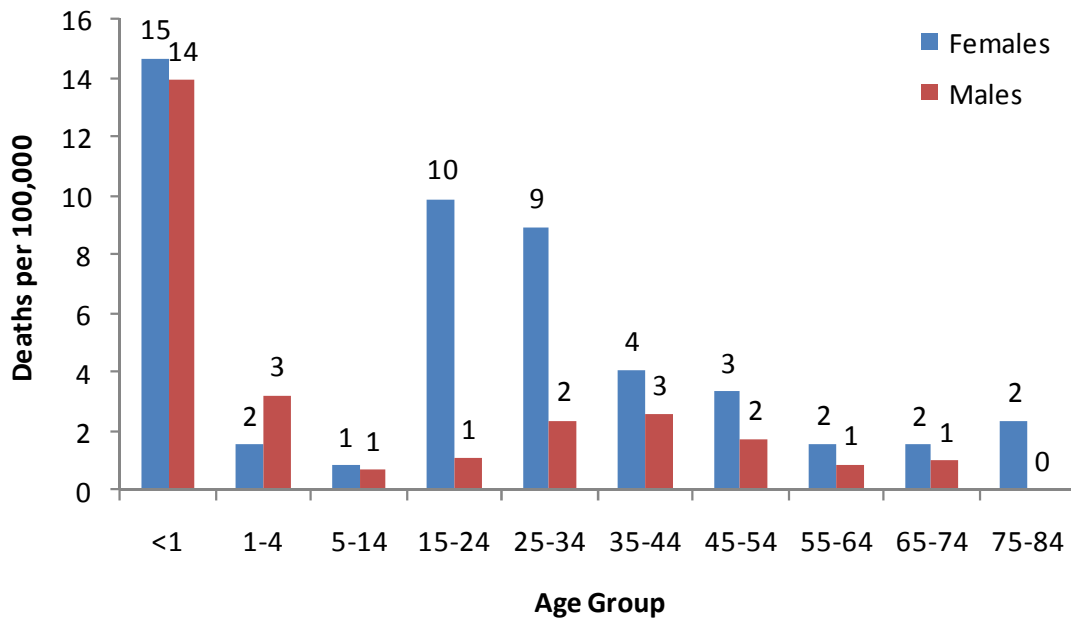
Hospitalizations

Rates

From 2004 to 2008, the age-adjusted hospitalization rate due to assault injuries was 12.1 per 100,000 persons. Hospitalization rates due to assault injuries were highest among infants less than 1 year old (55.6 per 100,000 persons). Overall,

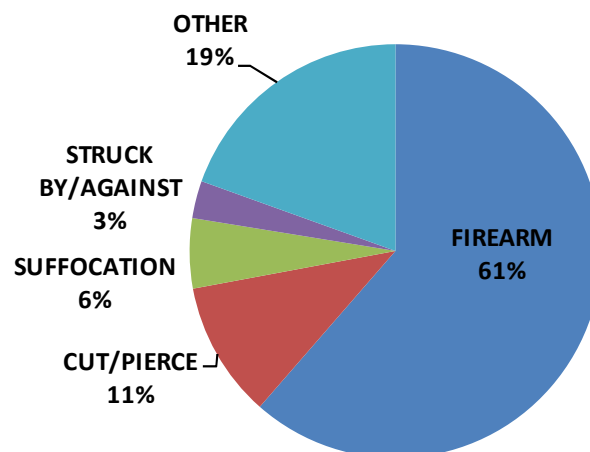
hospitalizations due to assault injuries were more common among males than females (19.2 per 100,000 males vs. 4.6 per 100,000 females). *Figure 48.*

Figure 46: Homicide death rates, by age group and gender, Nebraska residents, 2004-2008 (n=272)



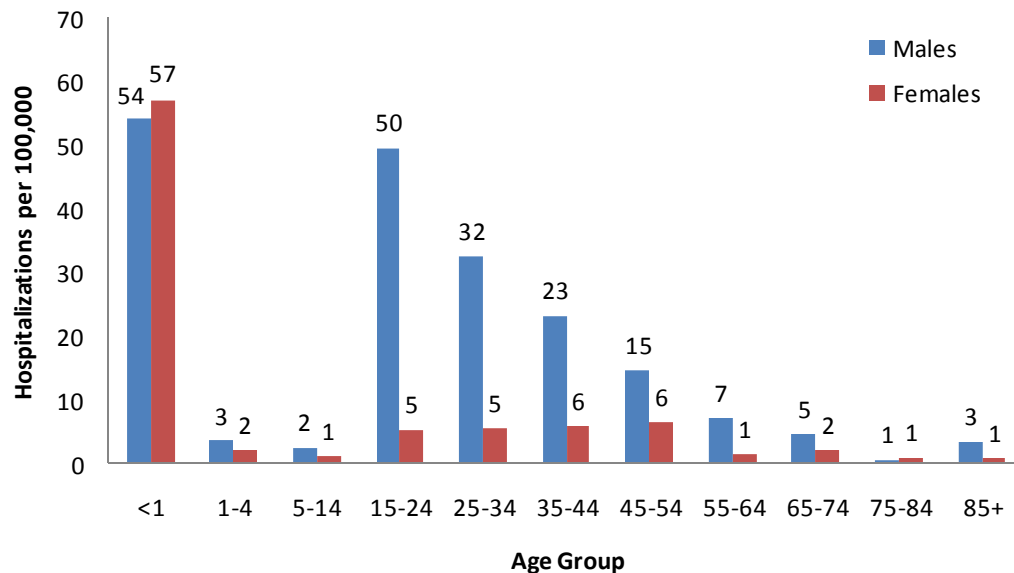
Source: NE death certificates, 2004-2008

Figure 47: Homicide deaths, by method used, Nebraska residents, 2004-2008



Source: NE death certificates, 2004-2008

Figure 48: Hospitalization rates due to assault injuries, by age group and gender, Nebraska residents, 2004-2008 (n=1060)

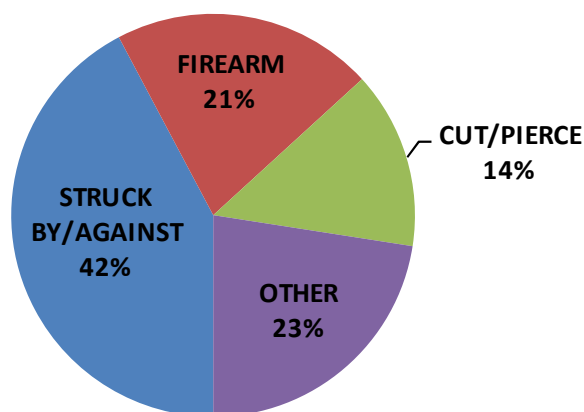


Source: NE hospital discharge data, 2004-2008

Method used

Approximately 42% of all assault injuries resulting in hospitalization were caused by struck by/against, 21% were caused by firearm, 14% were caused by cut/pierce, and 23% were caused by other means. *Figure 49.*

Figure 49: Hospitalizations due to assault injury, by method used, Nebraska residents, 2004-2008



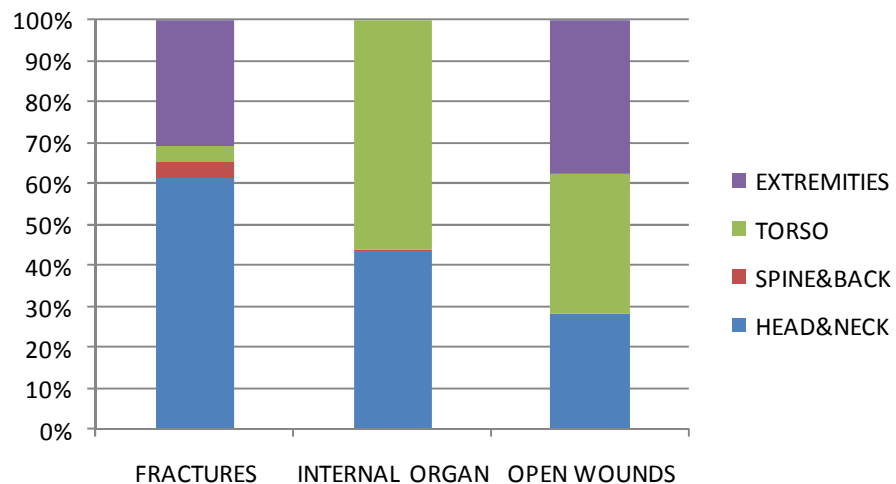
Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

Approximately 42% of all hospitalizations for assault injuries were to treat fractures, 30% were to treat injuries of the internal organs, 14% were to treat open wounds, and 14% were to treat other or unspecified injuries.

Among fractures, 61% were fractures of the head and neck and 31% were fractures of the extremities. Among internal organ injuries, 56% were injuries of the torso and 43% were injuries of the head and neck. *Figure 50.*

Figure 50: Hospitalizations due to assault injuries, by body region and nature of injury, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Median hospital charges and payer source

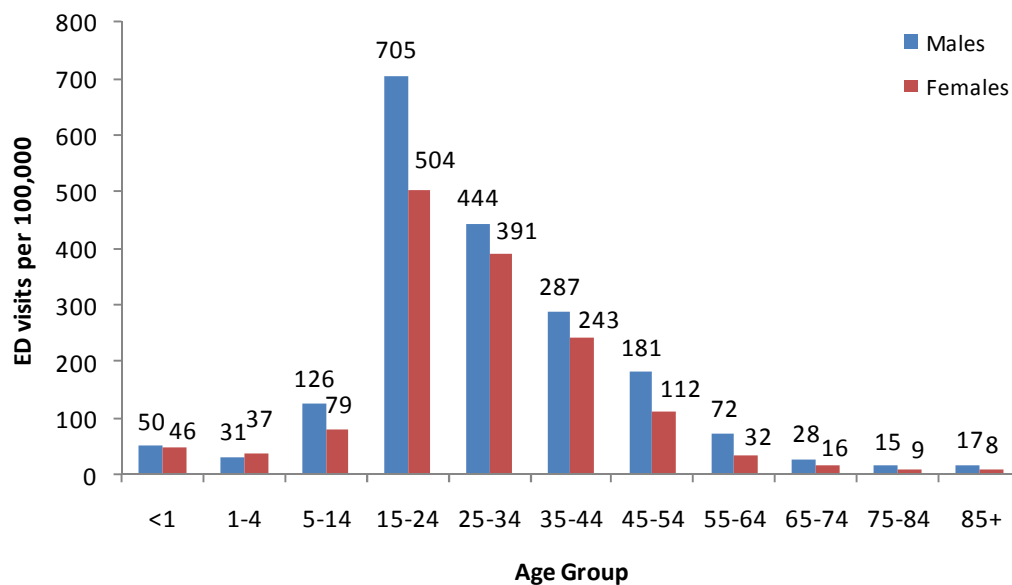
The median hospital charge for assault injuries was \$20,718 for hospitalizations. Approximately 33% of hospitalization charges to treat assault injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Emergency department (ED) visits

Rates

From 2004 to 2008, the age-adjusted emergency department (ED) visit rate due to assault injuries was 227.9 per 100,000 persons. Emergency department (ED) visit rates due to assault injury were highest among infants aged less than 1 year (56 per 100,000 persons) and adolescent males aged 15-24 years (50 per 100,000 persons). *Figure 51.*

Figure 51: Emergency department (ED) visit rates due to assault injury, by age group and gender, Nebraska residents, 2004-2008 (n=19,816)

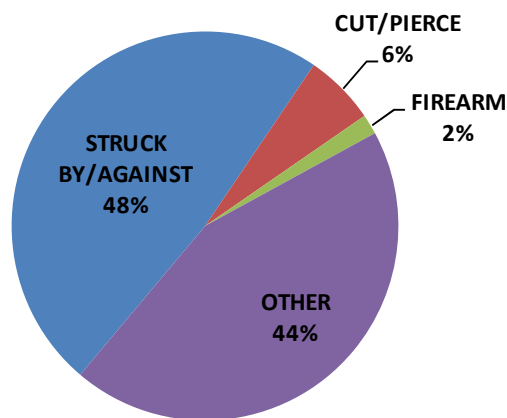


Source: NE hospital discharge data, 2004-2008

Method used

Approximately 48% of all assault injuries resulting in an emergency department (ED) visit were caused by struck by/against, 6% were caused by cut/pierce, 2% were caused by firearm, and 44% were caused by other means. *Figure 52.*

Figure 52: Emergency department (ED) visits due to assault injury, by method used, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

Body region and nature of injury

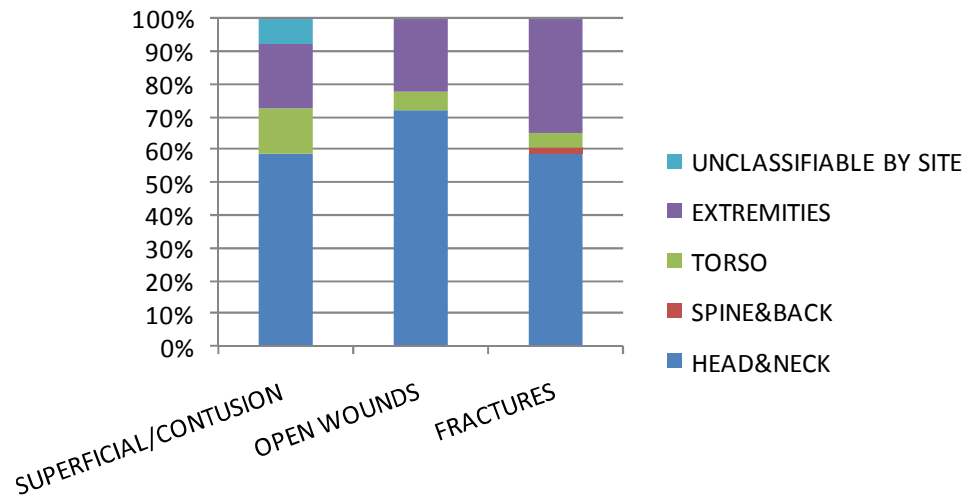
Approximately 35% of all emergency department (ED) visits for assault injuries were to treat superficial injuries and contusions, 31% were to treat open wounds, 12% were to treat fractures, and 21% were to treat other or unspecified injuries.

Among superficial injuries and contusions, nearly 59% were injuries of the head and neck and approximately 20% were injuries of the extremities. Among open wounds, nearly 72% were open wounds of the head and neck and 22% were open wounds of the extremities. *Figure 53.*

Median hospital charges and payer source

The median hospital charge for assault injuries was \$740 for emergency department (ED) visits. Approximately 27% of ED visit charges to treat assault injuries were paid for by Medicare and Medicaid, with the remaining charges paid for by commercial insurance, federal programs, or out-of-pocket (i.e. self-pay).

Figure 53: Emergency department (ED) visits due to assault injuries, by body region and nature of injury, Nebraska residents, 2004-2008



Source: NE hospital discharge data, 2004-2008

APPENDIX A: DEFINITIONS AND METHODS

Definitions

Age-adjusted rate: A rate that has been standardized to the age distribution of a particular population, so that it is independent of the age distribution of the population it presents. Age-adjusted rates are used to compare rates over time or between different population groups.

Age-specific rate: A rate for a specified age group is calculated by dividing the actual number of cases in a given period (e.g., 2004-2008) for a specific age group by the population in that age group for that period. The numerator and the denominator refer to the same age group.

E-codes: The external cause of injury codes (E-codes) are a subset of the International Classification of Diseases, and are used to classify the environmental events, circumstances, and conditions that are the cause of injury, poisoning, or other adverse effects. E-code classifications used in this report are listed in Appendix D.

Hospital discharges: Records from hospital discharges; including hospitalizations and emergency department visits.

Hospitalization: Discharge record indicating a patient who was in hospital care for longer than 24 hours.

ICD-9-CM: The International Classification of Diseases, Ninth Revision, Clinical Modification coding system is used to classify diagnoses on inpatient and outpatient care records.

ICD-10: The International Classification of Diseases, Tenth Revision, is the coding system used to classify the causes of death listed on death certificates beginning in 1999.

Intent of injury: Intentional injuries, such as homicide and suicide, involve acts in which there is intent to kill or harm. Unintentional injuries involve acts in which there is no intent to harm; these injuries are sometimes labeled as “accidental.” In some cases, the intentionality has not been determined. These injuries are categorized as “undetermined intent.”

Legal intervention: This category includes injuries that were inflicted in the course of performing legal law enforcement actions. In this report, as in National Death certificates Reports, injuries due to legal intervention are grouped with homicide and assault.

Mechanism of injury: The activities or circumstances that led to the death, hospitalization, or emergency department visit (e.g., fall, motor vehicle crash, etc.).

Other specified and classifiable: Injuries that may include foreign body entering eye or orifice, caught accidentally in or between objects, accident caused by explosive material, accident caused by electric current, exposure to radiation, or late effects of accidents.

Rate: The number of deaths or hospital discharge records per 100,000 persons.

Underlying cause of death: Defined by the World Health Organization as the disease or injury that initiated the train of events leading directly to death; or the circumstances of the accident or violence, which produced the fatal injury. Most standard mortality data are compiled by underlying cause of death.

Data sources

Nebraska death certificates (2004-2008), hospital discharge data (2004-2008), and the Nebraska Trauma Registry (2004-2008) were used for this report.

Death certificates

Death certificates containing information about Nebraska residents are collected and compiled by the Nebraska Department of Health and Human Services (DHHS) Office of Vital Records. Death certificates classify injuries by external cause of death. The data include information on a variety of attributes of the deceased including age, gender, place of residence, and primary and secondary causes of deaths. Primary causes of death were coded based on the International Classification of Diseases-10th Revision (ICD-10) and are presented based on the external cause-of-injury mortality matrix (*Appendix B*).

Hospital discharge data

Hospital discharge data (HDD) is generated from uniform hospital billing forms which contain records of patient discharge information, excluding names. This information is provided by Nebraska acute care hospitals to the Nebraska Hospital Association (NHA), using the 2004 Uniform Billing form (UB-04). The records for each patient discharge contain information on the date of admission, date of discharge, patient's age and gender, county of residence, and primary and secondary diagnosis codes, including dedicated fields for recording E-codes. An E-Code specifies the external cause of injury. The E-code data, a subset of HDD containing injury related records, is provided to the Nebraska Department of Health and Human Services (DHHS) by the NHA.

For this report, an injury record is defined as the record of a Nebraska resident who was treated in a Nebraska acute care hospital because of an injury. Discharge records in the E-code database are identified as inpatient hospitalizations, outpatient-emergency department (ED) and outpatient non-ED. Outpatient non-ED records are not presented in this report. Both injuries and their external cause are classified according to the 9th Revision of the International Classification of Diseases, Clinical Modification (ICD-9-CM). The body region and nature of the injury is presented based on the Barell Matrix (*Appendix C*). The external cause of injury is presented based on the Recommended Framework of E-code Groupings (*Appendix D*).

A limitation of hospital discharge data is that it is record-based; therefore, one patient may be counted more than once if discharged for the same injury more than once. *The rates displayed in this report reflect numbers of discharge records, rather than numbers of patients discharged.*

Nebraska Trauma Registry

The Nebraska Trauma Registry (NTR) is a database which contains detailed information about injury patients admitted to trauma centers or hospitals in Nebraska. The trauma registry collects information that aids in the evaluation of trauma care for a set of injured patients. Information collected includes patient demographics, injury type, injury severity, and place of occurrence.

Because the current NTR does not receive data from all trauma centers and hospitals in the state, it is not possible to calculate population-based estimates. As a result, percentages are presented instead of rates in this report.

Analysis

Data was prepared based on the Centers for Disease Control and Prevention (CDC) and State and Territorial Injury Prevention Directors Association (STIPDA) *State Injury Indicators: Instructions for Preparing 2005 Data* (2007). Data was analyzed in accordance with STIPDA's *Consensus Recommendations for Injury Surveillance in State Health Departments* (2007).

The leading causes of injury death and injury hospital discharge in Nebraska are addressed in this report. These include unintentional motor vehicle crashes, falls, struck by or against, cutting and piercing, poisoning, suffocation, drowning, overexertion; suicide and self-inflicted injury; and homicide and assault.

All of the results presented in this report are based on analyses of deaths and hospital discharges of Nebraska residents. Nebraska residents who died outside of

Nebraska or were treated at hospitals out of the state are not included. Thus, rates may be underestimated if Nebraskans died or were treated in other states.

Five-year averages are used throughout the report to provide more stable rates by reducing the effects of fluctuations from year to year for groups with small numbers of injury events.

Age-adjusted rates

All age-adjusted rates presented in this report are per 100,000 Nebraska residents and are age adjusted to the 2000 U.S. standard population using the direct method applied to eleven age groups. Direct age adjustment involves the application of age-specific rates in a population of interest to a standardized age distribution (i.e., that of the U.S.) in order to eliminate differences in observed rates that result from age differences between populations. This adjustment is usually done when comparing two or more populations at one point in time or one population at two or more points in time.

Age-adjusted rates (AAR) are calculated by the direct method as follows:

$$\text{AAR} = \text{Summation of } (\text{ASR}_i * \text{weight}_i)$$

Where ASR_i = the age-specific rates for the population of interest

Weight_i = the standard weight in age group i

Age Adjustment Table All Ages — Eleven Age Groups

Age	U.S. 2000 Standard population (1,000s)	Adjustment Weights
All ages	274,364	1.000000
<1	3,795	0.013818
1-4	15,192	0.055317
5-14	39,977	0.145565
15-24	38,077	0.138646
25-34	37,233	0.135573
35-44	44,659	0.162613
45-54	37,030	0.134834
55-64	23,961	0.087247
65-74	18,136	0.066037
75-84	12,315	0.044842
85+	4,259	0.015508

Years of Potential Life Lost

Years of potential life lost (YPLL) is a measure of premature death. In this report, YPLL before age 75 is calculated from the difference between 75 and the age at death. For example, the death of a person 40 years old contributes 35 years of life lost before age 75. YPLL are calculated by summing the years of life lost for all deaths over all ages.

APPENDIX B: EXTERNAL CAUSE-OF-INJURY MORTALITY MATRIX

Table 3: External cause-of-injury mortality matrix based on ICD-10 external cause-of-injury codes

	Mechanism of death (based on ICD-10)	Manner or intent	
		All injury	Unintentional
	All injury	*U01–*U03, V01–Y36, Y85–Y87, Y89	V01–X59, Y85–Y86
#	Cut or pierce	W25–W29, W45, X78, X99, Y28, Y35.4	W25–W29, W45
#	Drowning	W65–W74, X71, X92, Y21	W65–W74
#	Fall	W00–W19, X80, Y01, Y30	W00–W19
#	Fire or hot object or substance	*U01.3, X00–X19, X76–X77, X97–X98, Y26–Y27, Y36.3	X00–X19
	Fire or flame	X00–X09, X76, X97, Y26	X00–X09
	Hot object or substance	X10–X19, X77, X98, Y27	X10–X19
#	Firearm	*U01.4, W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0	W32–W34
#	Machinery	W24, W30–W31	W24, W30–W31
	All transport	*U01.1, V01–V99, X82, Y03, Y32, Y36.1	V01–V99
#	Motor vehicle traffic	[V02–V04](.1,.9), V09.2, [V12–V14](.3–.9), V19(.4–.6), [V20–V28](.3–.9), [V29–V79](.4–.9), V80(.3–.5), V81.1, V82.1, [V83–V86](.0–.3), V87(.0–.8), V89.2	[V02–V04](.1,.9), V09.2, [V12–V14](.3–.9), V19(.4–.6), [V20–V28](.3–.9), [V29–V79](.4–.9), V80(.3–.5), V81.1, V82.1, [V83–V86](.0–.3), V87(.0–.8), V89.2
	Occupant	[V30–V79](.4–.9), [V83–V86](.0–.3)	[V30–V79](.4–.9), [V83–V86](.0–.3)
	Motorcyclist	[V20–V28](.3–.9), V29(.4–.9)	[V20–V28](.3–.9), V29(.4–.9)
	Pedal cyclist	[V12–V14](.3–.9), V19(.4–.6)	[V12–V14](.3–.9), V19(.4–.6)
	Pedestrian	[V02–V04](.1,.9), V09.2	[V02–V04](.1,.9), V09.2
	Other	V80(.3–.5), V81.1, V82.1	V80(.3–.5), V81.1, V82.1
	Unspecified	V87(.0–.8), V89.2	V87(.0–.8), V89.2
#	Pedal cyclist, other	V10–V11, [V12–V14](.0–.2), V15–V18, V19(.0–.3,.8,.9)	V10–V11, [V12–V14](.0–.2), V15–V18, V19(.0–.3,.8,.9)
#	Pedestrian, other	V01, [V02–V04](.0), V05, V06, V09(.0–.1,.3,.9)	V01, [V02–V04](.0), V05, V06, V09(.0–.1,.3,.9)
	Other land transport	[V20–V28](.0–.2), [V29–V79](.0–.3), V80(.0–.2,.6–.9), [V81–V82](.0–.2,.9), [V83–V86](.4–.9), V87.9, V88(.0–.9), V89(.0,.1,.3,.9), X82, Y03, Y32	[V20–V28](.0–.2), [V29–V79](.0–.3), V80(.0–.2,.6–.9), [V81–V82](.0–.2,.9), [V83–V86](.4–.9), V87.9, V88(.0–.9), V89(.0,.1,.3,.9)
	Other transport	*U01.1, V90–V99, Y36.1	V90–V99
#	Natural or environmental	W42–W43, W53–W64, W92–W99, X20–X39, X51–X57	W42–W43, W53–W64, W92–W99, X20–X39, X51–X57
#	Overexertion	X50	X50
#	Poisoning	*U01(.6–.7), X40–X49, X60–X69, X85–X90, Y10–Y19, Y35.2	X40–X49
#	Struck by or against	W20–W22, W50–W52, X79, Y00, Y04, Y29, Y35.3	W20–W22, W50–W52
#	Suffocation	W75–W84, X70, X91, Y20	W75–W84
	Other specified, classifiable	*U01(.0,.2,.5), *U03.0, W23, W35–W41, W44, W49, W85–W91, X75, X81, X96, Y02, Y05–Y07, Y25, Y31, Y35(.1,.5), Y36(.0,.2,.4–.8), Y85	W23, W35–W41, W44, W49, W85–W91, Y85
	Other specified, not elsewhere classified	*U01.8, *U02, X58, X83, Y08, Y33, Y35.6, Y86–Y87, Y89(.0–.1)	X58, Y86
	Unspecified	*U01.9, *U03.9, X59, X84, Y09, Y34, Y35.7, Y36.9, Y89.9	X59

Source: *Injury in the United States: 2007 Chartbook*

Table 3 (Cont): External cause-of-injury mortality matrix based on ICD-10 external cause-of-injury codes

	Mechanism of death (based on ICD-10)	Manner or intent			
		Suicide	Homicide	Undetermined	Legal intervention or war
	All injury	*U03, X60–X84, Y87.0	*U01–*U02, X85–Y09, Y87.1	Y10–Y34, Y87.2, Y89.9	Y35–Y36, Y89(.0–.1)
#	Cut or pierce	X78	X99	Y28	Y35.4
#	Drowning	X71	X92	Y21	...
#	Fall	X80	Y01	Y30	...
#	Fire or hot object or substance	X76–X77	*U01.3, X97–X98	Y26–Y27	Y36.3
	Fire or flame	X76	X97	Y26	...
	Hot object or substance	X77	X98	Y27	...
#	Firearm	X72–X74	*U01.4, X93–X95	Y22–Y24	Y35.0
#	Machinery	...	...	...	...
	All transport	X82	*U01.1, Y03	Y32	Y36.1
#	Motor vehicle traffic	...	...	...	...
	Occupant	...	...	...	...
	Motorcyclist	...	...	...	...
	Pedal cyclist	...	...	...	...
	Pedestrian	...	...	...	...
	Other	...	...	...	...
	Unspecified	...	...	...	...
#	Pedal cyclist, other	...	...	...	...
#	Pedestrian, other	...	...	...	...
	Other land transport	X82	Y03	Y32	...
	Other transport	...	*U01.1	...	Y36.1
#	Natural or environmental	...	...	...	...
#	Overexertion	...	...	...	...
#	Poisoning	X60–X69	*U01(.6–.7), X85–X90	Y10–Y19	Y35.2
#	Struck by or against	X79	Y00, Y04	Y29	Y35.3
#	Suffocation	X70	X91	Y20	...
	Other specified, classifiable	*U03.0, X75, X81	*U01(.0,.2,.5), X96, Y02, Y05–Y07	Y25, Y31	Y35(.1,.5), Y36(.0,.2,.4–.8)
	Other specified, not elsewhere classified	X83, Y87.0	*U01.8, *U02, Y08, Y87.1	Y33, Y87.2	Y35.6, Y89(.0–.1)
	Unspecified	*U03.9, X84	*U01.9, Y09	Y34, Y89.9	Y35.7, Y36.9

... Category not applicable.

NOTES: ICD-10 is the *International Classification of Diseases, Tenth Revision*. The causes designated by # are ranked to determine leading mechanisms of injury. When a set of additional digits are required for *International Classification of Diseases* codes, the additional digits are in parentheses () and apply to the preceding code or preceding range of codes in brackets []. For explanation of asterisks (*) preceding cause-of-death codes, see Appendix I, Mortality, identifying injury deaths.

SOURCE: Fingerhut L. ICD Framework: External cause of injury mortality matrix [online]. Hyattsville, MD: National Center for Health Statistics. Available from: <http://www.cdc.gov/nchs/about/otheract/ice/matrix10.htm>.

APPENDIX C: THE BARELL MATRIX

Table 4: The Barell Injury Diagnosis Matrix based on ICD-9-CM codes for classification by body region and nature of the injury

Body region of injury		International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes	Fracture 800-829	Dislocation 830-839	Sprains and strains 840-848
Head and neck	Traumatic brain injury				
	Type 1 TBI	[800,801,803,804](.1-.4,.6-.9,.03-.05,.53-.55), 850(.2-.4), 851-854, 950(.1-.3), 995.55	[800,801,803,804](.1-.4,.6-.9,.03-.05,.53-.55)	...	...
	Type 2 TBI	[800,801,803,804](.00,.02,.06,.09,.50,.52,.56,.59), 850(.0-.1,.5,.9)	[800,801,803,804](.00,.02,.06,.09,.50,.52,.56,.59)	...	...
	Type 3 TBI	[800,801,803,804](.01,.51)	[800,801,803,804](.01,.51)	...	...
	Other head	873(.0-.1,.8-.9), 941.x6, 951, 959.01	...	...	...
	Face	802, 830, 848(.0-.1), 872, 873(.2-.7), 941(.x1,.x3-.x5,.x7)	802	830	848(.0-.1)
	Eye	870-871, 918, 921, 940, 941.x2, 950(.0,.9)	...	...	...
	Neck	807(.5-.6), 848.2, 874, 925.2, 941.x8, 953.0, 954.0	807(.5-.6)	...	848.2
	Head, face, and neck unspecified	900, 910, 920, 925.1, 941(.x0,.x9), 947.0, 957.0, 959.09	...	...	...
Spine and back	Spinal cord (SCI)				
	Cervical SCI	806(.0-.1), 952.0	806(.0-.1)	...	...
	Thoracic or dorsal SCI	806(.2-.3), 952.1	806(.2-.3)	...	...
	Lumbar SCI	806(.4-.5), 952.2	806(.4-.5)	...	...
	Sacrum coccyx SCI	806(.6-.7), 952(.3-.4)	806(.6-.7)	...	...
	Spine and back unspecified SCI	806(.8-.9), 952(.8-.9)	806(.8-.9)	...	...
	Vertebral column (VCI)				
	Cervical VCI	805(.0-.1), 839(.0-.1), 847.0	805(.0-.1)	839(.0-.1)	847.0
	Thoracic or dorsal VCI	805(.2-.3), 839(.21,.31), 847.1	805(.2-.3)	839(.21,.31)	847.1
	Lumbar VCI	805(.4-.5), 839(.20,.30), 847.2	805(.4-.5)	839(.20,.30)	847.2
Torso	Sacrum Coccyx VCI	805(.6-.7), 839(.41-.42,.51-.52), 847(.3-.4)	805(.6-.7)	839(.41-.42,.51-.52)	847(.3-.4)
	Spine and back unspecified VCI	805(.8-.9), 839(.40,.49,.50,.59)	805(.8-.9)	839(.40,.49,.50,.59)	...
	Chest (thorax)	807(.0-.4), 839(.61,.71), 848(.3-.4), 860-862, 875, 879(.0-.1), 901, 922(.0-.1,.33), 926.19, 942(.x1-.x2), 953.1	807(.0-.4)	839(.61,.71)	848(.3-.4)
	Abdomen	863-866, 868, 879(.2-.5), 902(.0-.4), 922.2, 942.x3, 947.3, 953(.2,.5)	...	...	...
	Pelvis and urogenital	808, 839(.69,.79), 846, 848.5, 867, 877-878, 902(.5,.81-.82), 922.4, 926(.0,.12), 942.x5, 947.4, 953.3	808	839(.69,.79)	846, 848.5
	Trunk	809, 879(.6-.7), 911, 922(.8-.9), 926(.8-.9), 942(.x0,.x9), 954(.1,.8-.9), 959.1	809	...	...
	Back and buttock	847.9, 876, 922(.31-.32), 926.11, 942.x4	...	...	847.9
Extremities	Upper				
	Shoulder and upper arm	810-812, 831, 840, 880, 887(.2-.3), 912, 923.0, 927.0, 943(.x3-.x6), 959.2	810-812	831	840
	Forearm and elbow	813, 832, 841, 881(.x0-.x1), 887(.0-.1), 923.1, 927.1, 943(.x1-.x2)	813	832	841
	Wrist, hand, and fingers	814-817, 833-834, 842, 881.x2, 882, 883, 885-886, 914-915, 923(.2-.3), 927(.2-.3), 944, 959(.4-.5)	814-817	833, 834	842
	Other and unspecified	818, 884, 887(.4-.7), 903, 913, 923(.8-.9), 927(.8-.9), 943(.x0,.x9), 953.4, 955, 959.3	818	...	...
	Lower				
	Hip	820, 835, 843, 924.01, 928.01	820	835	843
	Upper leg and thigh	821, 897(.2-.3), 924.00, 928.00, 945.x6	821	...	...
	Knee	822, 836, 844(.0-.3), 924.11, 928.11, 945.x5	822	836	844(.0-.3)
	Lower leg and ankle	823-824, 837, 845.0, 897(.0-.1), 924(.10,.21), 928(.10,.21), 945(.x3-.x4)	823-824	837	845.0
	Foot and toes	825-826, 838, 845.1, 892-893, 895-896, 917, 924(.3,.20), 928(.3,.20), 945(.x1-.x2)	825-826	838	845.1
Unclassifiable by site	Other and unspecified	827, 844(.8-.9), 890-891, 894, 897(.4-.7), 904(.0-.8), 916, 924(.4-.5), 928(.8-.9), 945(.x0,.x9), 959(.6-.7)	827	...	844(.8-.9)
	Other or multiple	819, 828, 902(.87,.89), 947(.1-.2), 953.8, 956	819, 828	...	...
	Unspecified site	829, 839(.8-.9), 848(.8-.9), 869, 879(.8-.9), 902.9, 904.9, 919, 924(.8-.9), 929, 946, 947(.8-.9), 948, 949, 953.9, 957(.1,.8-.9), 959(.8-.9)	829	839(.8-.9)	848(.8-.9)
System-wide and late effects		905-908, 909(.0-.2,.4,.9), 930-939, 958, 960-994, 995(.50-.54,.59,.80-.85)			

Source: *Injury in the United States: 2007 Chartbook*

Table 4 (Cont): The Barell Injury Diagnosis Matrix based on ICD-9-CM codes for classification by body region and nature of the injury

Body region of injury		Internal 850–854, 860–869, 952, 995.55	Open Wound 870–884, 890–894	Amputations 885–887, 895–897	Blood vessels 900–904	Contusion or superficial 910–924	Crush 925–929	Burns 940–949	Nerves 950–951, 953–957	Unspecified 959
Head and neck	Traumatic brain injury	Type 1 TBI 850(.2–.4), 851–854†, 995.55	...	...	...	...	...	...	950(.1–.3)	...
		Type 2 TBI 850(.0–.1, .5, .9)	...	...	...	...	...	...	...	...
		Type 3 TBI...	...	...	...	...	...	...	...	...
	Other head, face, and neck	Other head ...	873(.0–.1, .8–.9)	...	...	...	...	941.x6	951	959.01†
		Face ...	872, 873(.2–.7)	...	...	...	...	941(.x1, .x3–.x5, .x7)	...	...
		Eye ...	870–871	...	...	918, 921	...	940, 941.x2	950(.0, .9)	...
		Neck ...	874	...	...	...	925.2	941.x8	953.0, 954.0	...
		Head, face, and neck unspecified	...	...	900	910, 920	925.1	941(.x0, .x9), 947.0	957.0	959.09
Spine and back	Spinal cord (SCI)	Cervical SCI	952.0	...	...	...	...	...	...	...
		Thoracic or dorsal SCI	952.1	...	...	...	...	...	...	...
		Lumbar SCI	952.2	...	...	...	...	...	...	...
		Sacrum coccyx SCI	952(.3–.4)	...	...	...	...	...	...	...
		Spine and back unspecified SCI	952(.8–.9)	...	...	...	...	...	...	...
	Vertebral column (VCI)	Cervical VCI	...	...	...	...	...	...	...	...
		Thoracic or dorsal VCI	...	...	...	...	...	...	...	...
		Lumbar VCI	...	...	...	...	...	...	...	...
		Sacrum Coccyx VCI	...	...	...	...	...	...	...	...
		Spine and back unspecified VCI	...	...	...	...	...	...	...	...
Torso	Torso	Chest (thorax)	860–862	875, 879(.0–.1)	...	901	922(.0–.1, .33)	926.19	942(.x1–.x2)	953.1
		Abdomen	863–866, 868	879(.2–.5)	...	902(.0–.4)	922.2	...	942.x3, 947.3	953(.2, .5)
		Pelvis and urogenital	867	877–878	...	902(.5, .81–.82)	922.4	926(.0, .12)	942.x5, 947.4	953.3
		Trunk	...	879(.6–.7)	...	...	911, 922(.8–.9)	926(.8–.9)	942.x0, 942.x9	954(.1, .8–.9)
		Back and buttock	...	876	...	...	922(.31–.32)	926.11	942.x4	...
		Shoulder and upper arm	...	880	887(.2–.3)	...	912, 923.0	927.0	943(.x3–.x6)	959.2
Extremities	Upper	Forearm and elbow	...	881(.x0–.x1)	887(.0–.1)	...	923.1	927.1	943(.x1–.x2)	...
		Wrist, hand, and fingers	...	881.x2, 882, 883	885–886	...	914–915, 923(.2–.3)	927(.2–.3)	944	959(.4–.5)
		Other and unspecified	...	884	887(.4–.7)	903	913, 923(.8–.9)	927(.8–.9)	943(.x0, .x9)	953.4, 955
		Hip	...	...	...	...	924.01	928.01	...	...
	Lower	Upper leg and thigh	...	...	897(.2–.3)	...	924.00	928.00	945.x6	...
		Knee	...	...	...	...	924.11	928.11	945.x5	...
		Lower leg and ankle	...	...	897(.0–.1)	...	924(.10, .21)	928(.10, .21)	945(.x3–.x4)	...
		Foot and toes	...	892–893	895–896	...	917, 924(.3, .20)	928(.3, .20)	945(.x1–.x2)	...
		Other and unspecified	...	890–891, 894	897(.4–.7)	904(.0–.8)	916, 924(.4–.5)	928(.8–.9)	945(.x0, .x9)	959(.6–.7)
		Other or multiple	...	...	...	902(.87, .89)	...	...	947(.1–.2)	953.8, 956
Unclassifiable by site	Other and unspecified	Unspecified site	869	879(.8–.9)	...	902.9, 904.9	919, 924(.8–.9)	929	946, 947(.8–.9) 948, 949	953.9, 957(.1, .8–.9)
	System- wide	System-wide and late effects	Foreign body (930–939), Early complications of trauma (958), Poisoning (960–979), Toxic Effects (980–989), Other and unspecified effects of external cause (990–994), Child and adult maltreatment (995(.50–.54, .59, .80–.85)). Late effects of injuries, poisonings, toxic effects and other external causes (905–909) excluding 909(.3, .5)							

... Category not applicable (no code in cell).

†According to the CDC, 959.01 (added to ICD-9-CM in 1997) is not intended to be assigned to TBI cases; however, in the United States, it has been assigned incorrectly to a substantial proportion of cases previously coded 854.

NOTES: When a set of additional digits are required for International Classification of Diseases codes, the additional digits are in parentheses () and apply to the preceding code or preceding range of codes in brackets []. Special diagnostic codes for trauma are Fall Chest (807.4) and Pneumothorax (860). For purposes of classification, head injuries are labeled as "Type 1 TBI" if there is recorded evidence of an intracranial injury or a moderate or prolonged loss of consciousness (LOC), Shaken Infant Syndrome (SIS), or injuries to the optic nerve pathways. Type 2 TBI includes injuries with no recorded evidence of intracranial injury, and LOC of less than one hour, or LOC of unknown duration, or unspecified level of consciousness. Type 3 TBI includes patients with no evidence of intracranial injury and no LOC.

SOURCE: Barell V, Aharonson-Daniel L, Fingerhut LA, Mackenzie EJ, et al. An introduction to the Barell body region by nature of injury diagnosis matrix. *Inj Prev* 8(2):91–6. 2002.

APPENDIX D: RECOMMENDED FRAMEWORK OF E-CODE GROUPINGS FOR PRESENTING INJURY MORTALITY/MORBIDITY DATA

Mechanism/Cause	Manner/Intent				
	Unintentional	Self-inflicted	Assault	Undetermined	Other ¹
Cut/pierce	E920.0-.9	E956	E966	E986	E974
Drowning/submersion	E830.0-.9, E832.0-.9, E910.0-.9	E954	E964	E984	
Fall	E880.0-E886.9, E888	E957.0-.9	E968.1	E987.0-.9	
Fire/burn ³	E890.0-E899, E924.0-.9	E958.1,.2,.7	E961, E968.0,.3, E979.3	E988.1,.2,.7	
Fire/flame ³	E890.0-E899	E958.1	E968.0, E979.3	E988.1	
Hot object/substance	E924.0-.9	E958.2,.7	E961, E968.3	E988.2,.7	
Firearm ³	E922.0-.3,.8,.9	E955.0-.4	E965.0-4, E979.4	E985.0-.4	E970
Machinery	E919 (.0-.9)				
Motor vehicle traffic ^{2,3}	E810-E819 (.0-.9)	E958.5	E968.5	E988.5	
Occupant	E810-E819 (.0,.1)				
Motorcyclist	E810-E819 (.2,.3)				
Pedal cyclist	E810-E819 (.6)				
Pedestrian	E810-E819 (.7)				
Unspecified	E810-E819 (.9)				
Pedal cyclist, other	E800-E807 (.3), E820-E825 (.6), E826.1,.9, E827-E829(.1)				
Pedestrian, other	E800-807(.2), E820-E825(.7), E826-E829(.0)				
Transport, other	E800-E807 (.0,.1,.8,.9), E820-E825 (.0-.5,.8,.9), E826.2-.8, E827-E829 (.2-.9), E831.0-.9, E833.0-E845.9	E958.6		E988.6	

Mechanism/Cause	Manner/Intent				
	Unintentional	Self-inflicted	Assault	Undetermined	Other ¹
Natural/environmental	E900.0-E909, E928.0-.2	E958.3		E988.3	
Bites and stings ³	E905.0-.6,.9, E906.0-.4,.5,.9				
Overexertion	E927.0-.4,8-9				
Poisoning	E850.0-E869.9	E950.0-E952.9	E962.0-.9, E979.6,.7	E980.0-E982.9	E972
Struck by, against	E916-E917.9		E960.0; E968.2		E973, E975
Suffocation	E911-E913.9	E953.0-.9	E963	E983.0-.9	
Other specified and classifiable ^{3,4}	E846-E848, E914-E915, E918, E921.0-.9, E922.4,.5 , E923.0-.9, E925.0-E926.9, E928(.3-6) , E929.0-.5	E955.5,.6,.7,.9 E958.0,.4	E960.1, E965.5-.9, E967.0-.9, E968.4,.6, .7, E979 (.0-.2,.5,.8,.9)	E985.5,.6,.7, E988.0,.4	E971, E978, E990-E994, E996, E997.0-.2
Other specified, not elsewhere classifiable	E928.8, E929.8	E958.8, E959	E968.8, E969, E999.1	E988.8, E989	E977, E995, E997.8, E998, E999.0
Unspecified	E887, E928.9, E929.9	E958.9	E968.9	E988.9	E976, E997.9
All injury ³	E800-E869, E880-E929	E950-E959	E960-E969, E979 , E999.1	E980-E989	E970-E978, E990-E999.0
Adverse effects					E870-E879, E930.0-E949.9
Medical care					E870-E879
Drugs					E930.0-E949.9
All external causes					E800-E999

¹Includes legal intervention (E970-E978) and operations of war (E990-E999).

²Three 4th-digit codes (.4 [occupant of streetcar], .5 [rider of animal], .8 [other specified person]) are not presented separately because of small numbers. However, because they are included in the overall motor vehicle traffic category, the sum of these categories can be derived by subtraction.

³Codes in bold are for morbidity coding only.

⁴E849 (place of occurrence) has been excluded from the matrix.

APPENDIX E: INJURY PREVENTION RESOURCES

The Nebraska Department of Health and Human Services Injury Prevention Program has produced several documents that address injury prevention recommendations and strategies. These include the Nebraska Injury Prevention State Plan, published in 2003, and the Best Practices for Unintentional Injury Prevention guide, published in 2005. These are both available online at www.dhhs.ne.gov/hpe/injury, or by contacting the Injury Prevention Program:

Injury Prevention Program
Safe Kids Nebraska Program
Nebraska Department of Health and Human Services
301 Centennial Mall South
P.O. Box 95044
Lincoln, NE 68509
(402) 471-2101
Website: www.dhhs.ne.gov/hpe/injury/

Web Sites

American Academy of Family Physicians
www.aafp.org

American Academy of Pediatrics
www.healthychildren.org/

American Association of Poison Control Centers
www.aapcc.org

Consumer Product Safety Commission
www.cpsc.gov

Insurance Institute for Highway Safety
www.iihs.org/

Mothers Against Drunk Driving (MADD) Nebraska
www.maddnebraska.org/

National Center for Injury Prevention and Control
www.cdc.gov/Injury/

National Children's Center for Rural and Agricultural Health and Safety
www.marshfieldclinic.org/NCCRAHS/

National Highway Traffic Safety Administration
www.nhtsa.gov

National Institute on Aging
www.nia.nih.gov/

National Program for Playground Safety
www.uni.edu/playground

The National Resource Center for Safe Aging
www.safeaging.org/

National Safety Council
www.nsc.org

National Strategy for Suicide Prevention
www.samhsa.gov/prevention/suicide.aspx

Nebraska Department of Motor Vehicles
www.dmv.state.ne.us/

Nebraska Crash Outcomes Data Evaluation System (CODES)
www.dhhs.ne.gov/codes/

Nebraska Regional Poison Center
www.nebraskapoisson.com/

Nebraska Safe Kids
www.hhs.state.ne.us/hpe/safekids.htm

Nebraska State Suicide Prevention Coalition
www.suicideprevention.nebraska.edu/

Safe Kids Worldwide
www.safekids.org

Safe Ride News
www.saferidenews.com

Safe States Alliance
www.safestates.org/

APPENDIX F: DATA TABLES

Table 5: Injury deaths, percentages, and age-adjusted rates, by intent and gender, Nebraska residents, 2004-2008

Intent	N	%	Rate	N	%	Rate	N	%	Rate
UNINTENTIONAL	1867	64.4%	44.2	1333	79.5%	24.3	3200	69.9%	33.6
SUICIDE	713	24.6%	16.4	169	10.1%	3.9	882	19.3%	10.0
HOMICIDE	198	6.8%	4.4	74	4.4%	1.7	272	5.9%	3.1
UNDETERMINED	66	2.3%	1.5	54	3.2%	1.2	120	2.6%	1.4
LEGAL/WAR	10	0.3%	0.2	1	0.1%	0.0	11	0.2%	0.1
ADVERSE EFFECTS	45	1.6%	1.1	46	2.7%	0.7	91	2.0%	0.9
TOTAL	2899	100.0%	67.9	1677	100.0%	31.8	4576	100.0%	49.1

Source: NE death certificates, 2004-2008

Table 6: Injury-related hospitalizations, percentages, and age-adjusted rates, by intent and gender, Nebraska residents, 2004-2008

Intent	Males			Females			Total		
	N	%	Rate	N	%	Rate	N	%	Rate
UNINTENTIONAL	14851	87.1%	354.3	20467	90.3%	362.5	35318	88.9%	366.7
SELF-INFLICTED	1106	6.5%	25.5	1808	8.0%	42.6	2914	7.3%	33.9
ASSAULT	860	5.0%	19.3	200	0.9%	4.6	1060	2.7%	12.1
OTHER	16	0.1%	0.4	1	0.0%	0.0	17	0.0%	0.2
UNDETERMINED	222	1.3%	5.0	190	0.8%	4.3	412	1.0%	4.7
TOTAL	17055	100.0%	404.55	22666	100.0%	413.95	39721	100.0%	417.55

Source: NE hospital discharge data, 2004-2008

Table 7: Injury-related emergency department (ED) visits, percentages, and age-adjusted rates, by intent and gender, Nebraska residents, 2004-2008

Intent	Males			Females			Total		
	N	%	Rate	N	%	Rate	N	%	Rate
UNINTENTIONAL	281247	94.9%	6418.3	248658	95.0%	5510.9	529905	95.0%	5985.5
SELF-INFLICTED	2075	0.7%	46.84	3470	1.3%	80.93	5545	1.0%	63.5
ASSAULT	11508	3.9%	258.79	8308	3.2%	196.04	19816	3.6%	227.88
OTHER	512	0.2%	11.66	129	0.0%	3.03	641	0.1%	7.42
UNDETERMINED	1039	0.4%	23.23	1049	0.4%	24.15	2088	0.4%	23.68
TOTAL	296381	100.0%	6758.8	261614	100.0%	5815	557995	100.0%	6308

Source: NE hospital discharge data, 2004-2008

Table 8: Injury deaths, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
CUT/PIERCE	35-44	1	33.3%	0.2	0	0.0%	0.0	1	25.0%	0.1
	75-84	1	33.3%	0.6	0	0.0%	0.0	1	25.0%	0.2
	85+	1	33.3%	1.7	1	100.0%	0.7	2	50.0%	1.0
	All ages	3	100.0%	0.1	1	100.0%	0.0	4	100.0%	0.0
DROWNING	<1	2	3.8%	2.9	0	0.0%	0.0	2	3.2%	1.5
	1-4	5	9.6%	1.9	2	18.2%	0.8	7	11.1%	1.4
	5-14	2	3.8%	0.3	3	27.3%	0.5	5	7.9%	0.4
	15-24	13	25.0%	1.9	1	9.1%	0.2	14	22.2%	1.1
	25-34	8	15.4%	1.4	0	0.0%	0.0	8	12.7%	0.7
	35-44	7	13.5%	1.2	0	0.0%	0.0	7	11.1%	0.6
	45-54	10	19.2%	1.6	0	0.0%	0.0	10	15.9%	0.8
	55-64	2	3.8%	0.4	1	9.1%	0.2	3	4.8%	0.3
	65-74	1	1.9%	0.4	2	18.2%	0.7	3	4.8%	0.5
	75-84	1	1.9%	0.6	0	0.0%	0.0	1	1.6%	0.2
	85+	1	1.9%	1.7	2	18.2%	1.5	3	4.8%	1.5
	All ages	52	100.0%	1.2	11	100.0%	0.2	63	100.0%	0.7
FALL	<1	1	0.3%	1.5	0	0.0%	0.0	1	0.1%	0.8
	1-4	1	0.3%	0.4	0	0.0%	0.0	1	0.1%	0.2
	15-24	5	1.3%	0.7	0	0.0%	0.0	5	0.6%	0.4
	25-34	6	1.5%	1.0	2	0.5%	0.4	8	1.0%	0.7
	35-44	10	2.6%	1.7	3	0.7%	0.5	13	1.6%	1.1
	45-54	27	6.9%	4.3	7	1.7%	1.1	34	4.2%	2.7
	55-64	29	7.4%	6.5	8	1.9%	1.8	37	4.5%	4.1
	65-74	48	12.3%	18.3	27	6.4%	8.9	75	9.2%	13.2
	75-84	131	33.5%	76.4	115	27.2%	47.0	246	30.2%	59.1
	85+	133	34.0%	227.0	261	61.7%	191.6	394	48.4%	202.3
	All ages	391	100.0%	9.9	423	100.0%	6.1	814	100.0%	7.7
FIRE/FLAME	<1	1	1.8%	1.5	2	4.9%	3.1	3	3.1%	2.3
	1-4	7	12.5%	2.7	7	17.1%	2.8	14	14.4%	2.8
	5-14	4	7.1%	0.7	2	4.9%	0.3	6	6.2%	0.5
	15-24	6	10.7%	0.9	6	14.6%	0.9	12	12.4%	0.9
	25-34	7	12.5%	1.2	5	12.2%	0.9	12	12.4%	1.1
	35-44	3	5.4%	0.5	4	9.8%	0.7	7	7.2%	0.6
	45-54	9	16.1%	1.4	4	9.8%	0.6	13	13.4%	1.0
	55-64	4	7.1%	0.9	2	4.9%	0.4	6	6.2%	0.7
	65-74	8	14.3%	3.0	4	9.8%	1.3	12	12.4%	2.1
	75-84	4	7.1%	2.3	2	4.9%	0.8	6	6.2%	1.4
	85+	3	5.4%	5.1	3	7.3%	2.2	6	6.2%	3.1
	All ages	56	100.0%	1.3	41	100.0%	0.9	97	100.0%	1.1
HOT OBJECT/SCALD	85+	0	0.0%	0.0	1	100.0%	0.7	1	100.0%	0.5
	All ages	0	0.0%	0.0	1	100.0%	0.0	1	100.0%	0.0
FIREARM	1-4	1	6.3%	0.4	0	0.0%	0.0	1	6.3%	0.2
	5-14	2	12.5%	0.3	0	0.0%	0.0	2	12.5%	0.2
	15-24	5	31.3%	0.7	0	0.0%	0.0	5	31.3%	0.4
	25-34	2	12.5%	0.3	0	0.0%	0.0	2	12.5%	0.2
	35-44	2	12.5%	0.3	0	0.0%	0.0	2	12.5%	0.2
	45-54	1	6.3%	0.2	0	0.0%	0.0	1	6.3%	0.1
	75-84	3	18.8%	1.8	0	0.0%	0.0	3	18.8%	0.7
	All ages	16	100.0%	0.4	0	0.0%	0.0	16	100.0%	0.2

Table 8 (Cont.): Injury deaths, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
MACHINERY	5-14	1	4.0%	0.2	0	0.0%	0.0	1	4.0%	0.1
	15-24	3	12.0%	0.4	0	0.0%	0.0	3	12.0%	0.2
	25-34	2	8.0%	0.3	0	0.0%	0.0	2	8.0%	0.2
	35-44	2	8.0%	0.3	0	0.0%	0.0	2	8.0%	0.2
	45-54	6	24.0%	0.9	0	0.0%	0.0	6	24.0%	0.5
	55-64	3	12.0%	0.7	0	0.0%	0.0	3	12.0%	0.3
	65-74	5	20.0%	1.9	0	0.0%	0.0	5	20.0%	0.9
	75-84	2	8.0%	1.2	0	0.0%	0.0	2	8.0%	0.5
	85+	1	4.0%	1.7	0	0.0%	0.0	1	4.0%	0.5
	All ages	25	100.0%	0.6	0	0.0%	0.0	25	100.0%	0.3
MOTOR VEHICLE TRAFFIC CRASH	<1	1	0.1%	1.5	3	0.7%	4.6	4	0.4%	3.0
	1-4	5	0.7%	1.9	6	1.5%	2.4	11	1.0%	2.2
	5-14	15	2.1%	2.5	23	5.7%	3.9	38	3.4%	3.2
	15-24	230	32.1%	34.0	108	26.9%	16.8	338	30.2%	25.6
	25-34	94	13.1%	16.2	38	9.5%	6.9	132	11.8%	11.7
	35-44	80	11.2%	13.5	46	11.4%	8.0	126	11.3%	10.8
	45-54	97	13.5%	15.3	50	12.4%	7.9	147	13.1%	11.6
	55-64	64	8.9%	14.4	37	9.2%	8.1	101	9.0%	11.2
	65-74	53	7.4%	20.2	29	7.2%	9.6	82	7.3%	14.5
	75-84	54	7.5%	31.5	39	9.7%	15.9	93	8.3%	22.3
	85+	24	3.3%	41.0	23	5.7%	16.9	47	4.2%	24.1
	All ages	717	100.0%	16.3	402	100.0%	8.7	1119	100.0%	12.4
OTHER PEDAL CYCLIST	15-24	1	33.3%	0.1	0	0.0%	0.0	1	33.3%	0.1
	45-54	1	33.3%	0.2	0	0.0%	0.0	1	33.3%	0.1
	55-64	1	33.3%	0.2	0	0.0%	0.0	1	33.3%	0.1
	All ages	3	100.0%	0.1	0	0.0%	0.0	3	100.0%	0.0
OTHER PEDESTRIAN	1-4	1	6.3%	0.4	0	0.0%	0.0	1	4.8%	0.2
	5-14	1	6.3%	0.2	0	0.0%	0.0	1	4.8%	0.1
	15-24	0	0.0%	0.0	1	20.0%	0.2	1	4.8%	0.1
	25-34	1	6.3%	0.2	2	40.0%	0.4	3	14.3%	0.3
	35-44	4	25.0%	0.7	0	0.0%	0.0	4	19.0%	0.3
	45-54	3	18.8%	0.5	2	40.0%	0.3	5	23.8%	0.4
	55-64	1	6.3%	0.2	0	0.0%	0.0	1	4.8%	0.1
	75-84	3	18.8%	1.8	0	0.0%	0.0	3	14.3%	0.7
	85+	2	12.5%	3.4	0	0.0%	0.0	2	9.5%	1.0
	All ages	16	100.0%	0.4	5	100.0%	0.1	21	100.0%	0.2
OTHER LAND TRANSPORT	1-4	2	3.7%	0.8	1	11.1%	0.4	3	4.8%	0.6
	5-14	4	7.4%	0.7	2	22.2%	0.3	6	9.5%	0.5
	15-24	5	9.3%	0.7	3	33.3%	0.5	8	12.7%	0.6
	25-34	2	3.7%	0.3	0	0.0%	0.0	2	3.2%	0.2
	35-44	4	7.4%	0.7	1	11.1%	0.2	5	7.9%	0.4
	45-54	15	27.8%	2.4	1	11.1%	0.2	16	25.4%	1.3
	55-64	5	9.3%	1.1	0	0.0%	0.0	5	7.9%	0.6
	65-74	8	14.8%	3.0	0	0.0%	0.0	8	12.7%	1.4
	75-84	9	16.7%	5.3	0	0.0%	0.0	9	14.3%	2.2
	85+	0	0.0%	0.0	1	11.1%	0.7	1	1.6%	0.5
	All ages	54	100.0%	1.3	9	100.0%	0.2	63	100.0%	0.7

Table 8 (Cont.): Injury deaths, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
OTHER TRANSPORT	15-24	1	8.3%	0.1	2	66.7%	0.3	3	20.0%	0.2
	25-34	2	16.7%	0.3	0	0.0%	0.0	2	13.3%	0.2
	35-44	1	8.3%	0.2	0	0.0%	0.0	1	6.7%	0.1
	45-54	3	25.0%	0.5	0	0.0%	0.0	3	20.0%	0.2
	55-64	2	16.7%	0.4	1	33.3%	0.2	3	20.0%	0.3
	65-74	2	16.7%	0.8	0	0.0%	0.0	2	13.3%	0.4
	85+	1	8.3%	1.7	0	0.0%	0.0	1	6.7%	0.5
	All ages	12	100.0%	0.3	3	100.0%	0.1	15	100.0%	0.2
NATURAL/ ENVIRONMENTAL	5-14	0	0.0%	0.0	1	5.6%	0.2	1	2.4%	0.1
	15-24	1	4.3%	0.1	2	11.1%	0.3	3	7.3%	0.2
	25-34	1	4.3%	0.2	0	0.0%	0.0	1	2.4%	0.1
	35-44	2	8.7%	0.3	0	0.0%	0.0	2	4.9%	0.2
	45-54	8	34.8%	1.3	2	11.1%	0.3	10	24.4%	0.8
	55-64	4	17.4%	0.9	2	11.1%	0.4	6	14.6%	0.7
	65-74	3	13.0%	1.1	3	16.7%	1.0	6	14.6%	1.1
	75-84	2	8.7%	1.2	5	27.8%	2.0	7	17.1%	1.7
	85+	2	8.7%	3.4	3	16.7%	2.2	5	12.2%	2.6
	All ages	23	100.0%	0.5	18	100.0%	0.4	41	100.0%	0.4
OVEREXERTION	55-64	3	100.0%	0.7	0	0.0%	0.0	3	100.0%	0.3
	All ages	3	100.0%	0.1	0	0.0%	0.0	3	100.0%	0.0
POISONING	<1	1	0.5%	1.5	0	0.0%	0.0	1	0.3%	0.8
	1-4	1	0.5%	0.4	0	0.0%	0.0	1	0.3%	0.2
	5-14	1	0.5%	0.2	2	1.6%	0.3	3	1.0%	0.3
	15-24	20	11.0%	3.0	6	4.8%	0.9	26	8.4%	2.0
	25-34	38	20.9%	6.5	15	11.9%	2.7	53	17.2%	4.7
	35-44	48	26.4%	8.1	46	36.5%	8.0	94	30.5%	8.0
	45-54	52	28.6%	8.2	34	27.0%	5.3	86	27.9%	6.8
	55-64	13	7.1%	2.9	9	7.1%	2.0	22	7.1%	2.4
	65-74	4	2.2%	1.5	4	3.2%	1.3	8	2.6%	1.4
	75-84	2	1.1%	1.2	6	4.8%	2.5	8	2.6%	1.9
	85+	2	1.1%	3.4	4	3.2%	2.9	6	1.9%	3.1
	All ages	182	100.0%	4.2	126	100.0%	3.0	308	100.0%	3.6
STRUCK BY/AGAINST	5-14	0	0.0%	0.0	1	50.0%	0.2	1	4.2%	0.1
	25-34	3	13.6%	0.5	0	0.0%	0.0	3	12.5%	0.3
	35-44	2	9.1%	0.3	0	0.0%	0.0	2	8.3%	0.2
	45-54	5	22.7%	0.8	0	0.0%	0.0	5	20.8%	0.4
	55-64	3	13.6%	0.7	0	0.0%	0.0	3	12.5%	0.3
	65-74	2	9.1%	0.8	0	0.0%	0.0	2	8.3%	0.4
	75-84	7	31.8%	4.1	0	0.0%	0.0	7	29.2%	1.7
	85+	0	0.0%	0.0	1	50.0%	0.7	1	4.2%	0.5
	All ages	22	100.0%	0.5	2	100.0%	0.0	24	100.0%	0.3

Table 8 (Cont.): Injury deaths, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
SUFFOCATION	<1	6	4.0%	8.8	6	4.0%	9.3	12	4.0%	9.0
	1-4	2	1.3%	0.8	1	0.7%	0.4	3	1.0%	0.6
	5-14	4	2.7%	0.7	2	1.3%	0.3	6	2.0%	0.5
	15-24	6	4.0%	0.9	3	2.0%	0.5	9	3.0%	0.7
	25-34	8	5.3%	1.4	1	0.7%	0.2	9	3.0%	0.8
	35-44	12	8.0%	2.0	8	5.4%	1.4	20	6.7%	1.7
	45-54	11	7.3%	1.7	6	4.0%	0.9	17	5.7%	1.3
	55-64	11	7.3%	2.5	11	7.4%	2.4	22	7.4%	2.4
	65-74	12	8.0%	4.6	16	10.7%	5.3	28	9.4%	4.9
	75-84	26	17.3%	15.2	23	15.4%	9.4	49	16.4%	11.8
	85+	52	34.7%	88.8	72	48.3%	52.9	124	41.5%	63.7
	All ages	150	100.0%	3.7	149	100.0%	2.4	299	100.0%	2.9
OTHER SPECIFIED	1-4	1	3.1%	0.4	0	0.0%	0.0	1	2.7%	0.2
	5-14	1	3.1%	0.2	0	0.0%	0.0	1	2.7%	0.1
	15-24	2	6.3%	0.3	0	0.0%	0.0	2	5.4%	0.2
	25-34	2	6.3%	0.3	0	0.0%	0.0	2	5.4%	0.2
	35-44	8	25.0%	1.4	1	20.0%	0.2	9	24.3%	0.8
	45-54	7	21.9%	1.1	2	40.0%	0.3	9	24.3%	0.7
	55-64	4	12.5%	0.9	0	0.0%	0.0	4	10.8%	0.4
	65-74	2	6.3%	0.8	2	40.0%	0.7	4	10.8%	0.7
	75-84	3	9.4%	1.8	0	0.0%	0.0	3	8.1%	0.7
	85+	2	6.3%	3.4	0	0.0%	0.0	2	5.4%	1.0
	All ages	32	100.0%	0.8	5	100.0%	0.1	37	100.0%	0.4
NEC	15-24	2	8.3%	0.3	1	5.9%	0.2	3	7.3%	0.2
	35-44	1	4.2%	0.2	0	0.0%	0.0	1	2.4%	0.1
	45-54	4	16.7%	0.6	2	11.8%	0.3	6	14.6%	0.5
	55-64	6	25.0%	1.3	2	11.8%	0.4	8	19.5%	0.9
	65-74	3	12.5%	1.1	2	11.8%	0.7	5	12.2%	0.9
	75-84	6	25.0%	3.5	5	29.4%	2.0	11	26.8%	2.6
	85+	2	8.3%	3.4	5	29.4%	3.7	7	17.1%	3.6
	All ages	24	100.0%	0.6	17	100.0%	0.3	41	100.0%	0.4
NOT SPECIFIED	5-14	0	0.0%	0.0	1	0.8%	0.2	1	0.5%	0.1
	15-24	4	4.7%	0.6	0	0.0%	0.0	4	2.0%	0.3
	25-34	3	3.5%	0.5	0	0.0%	0.0	3	1.5%	0.3
	35-44	4	4.7%	0.7	0	0.0%	0.0	4	2.0%	0.3
	45-54	4	4.7%	0.6	3	2.5%	0.5	7	3.4%	0.6
	55-64	4	4.7%	0.9	4	3.4%	0.9	8	3.9%	0.9
	65-74	6	7.1%	2.3	3	2.5%	1.0	9	4.4%	1.6
	75-84	21	24.7%	12.2	33	28.0%	13.5	54	26.6%	13.0
	85+	39	45.9%	66.6	74	62.7%	54.3	113	55.7%	58.0
	All ages	85	100.0%	2.2	118	100.0%	1.7	203	100.0%	1.9

Table 8 (Cont.): Injury deaths, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
SUICIDE	5-14	10	1.4%	1.6	5	3.0%	0.9	15	1.7%	1.3
	15-24	133	18.7%	19.7	24	14.2%	3.7	157	17.8%	11.9
	25-34	101	14.2%	17.4	18	10.7%	3.3	119	13.5%	10.5
	35-44	126	17.7%	21.3	41	24.3%	7.1	167	18.9%	14.3
	45-54	152	21.3%	24.0	44	26.0%	6.9	196	22.2%	15.5
	55-64	85	11.9%	19.1	19	11.2%	4.2	104	11.8%	11.5
	65-74	52	7.3%	19.8	7	4.1%	2.3	59	6.7%	10.4
	75-84	44	6.2%	25.7	8	4.7%	3.3	52	5.9%	12.5
	85+	10	1.4%	17.1	3	1.8%	2.2	13	1.5%	6.7
	All ages	713	100.0%	16.4	169	100.0%	3.9	882	100.0%	10.0
HOMICIDE	<1	10	5.1%	14.6	9	13.5%	13.9	19	7.0%	14.3
	1-4	4	2.0%	1.5	8	5.4%	3.2	12	4.4%	2.4
	5-14	5	2.5%	0.8	4	6.8%	0.7	9	3.3%	0.8
	15-24	67	33.8%	9.9	7	90.5%	1.1	74	27.2%	5.6
	25-34	52	26.3%	8.9	13	70.3%	2.4	65	23.9%	5.8
	35-44	24	12.1%	4.1	15	32.4%	2.6	39	14.3%	3.3
	45-54	21	10.6%	3.3	11	28.4%	1.7	32	11.8%	2.5
	55-64	7	3.5%	1.6	4	9.5%	0.9	11	4.0%	1.2
	65-74	4	2.0%	1.5	3	5.4%	1.0	7	2.6%	1.2
	75-84	4	2.0%	2.3	0	5.4%	0.0	4	1.5%	1.0
	All ages	198	100.0%	4.4	74	267.6%	1.7	272	100.0%	3.1
UNDETERMINED	<1	3	4.5%	4.4	0	0.0%	0.0	3	2.5%	2.3
	1-4	2	3.0%	0.8	0	0.0%	0.0	2	1.7%	0.4
	5-14	3	4.5%	0.5	0	0.0%	0.0	3	2.5%	0.3
	15-24	6	9.1%	0.9	4	7.4%	0.6	10	8.3%	0.8
	25-34	7	10.6%	1.2	6	11.1%	1.1	13	10.8%	1.2
	35-44	16	24.2%	2.7	12	22.2%	2.1	28	23.3%	2.4
	45-54	15	22.7%	2.4	16	29.6%	2.5	31	25.8%	2.4
	55-64	7	10.6%	1.6	6	11.1%	1.3	13	10.8%	1.4
	65-74	1	1.5%	0.4	3	5.6%	1.0	4	3.3%	0.7
	75-84	2	3.0%	1.2	3	5.6%	1.2	5	4.2%	1.2
	85+	4	6.1%	6.8	4	7.4%	2.9	8	6.7%	4.1
	All ages	66	100.0%	1.5	54	100.0%	1.2	120	100.0%	1.4
LEGAL/WAR	15-24	3	30.0%	0.4	0	0.0%	0.0	3	27.3%	0.2
	25-34	2	20.0%	0.3	0	0.0%	0.0	2	18.2%	0.2
	35-44	2	20.0%	0.3	0	0.0%	0.0	2	18.2%	0.2
	45-54	0	0.0%	0.0	1	100.0%	0.2	1	9.1%	0.1
	55-64	2	20.0%	0.4	0	0.0%	0.0	2	18.2%	0.2
	75-84	1	10.0%	0.6	0	0.0%	0.0	1	9.1%	0.2
	All ages	10	100.0%	0.2	1	100.0%	0.0	11	100.0%	0.1
ADVERSE EFFECTS	1-4	0	0.0%	0.0	1	2.2%	0.4	1	1.1%	0.2
	35-44	1	2.2%	0.2	0	0.0%	0.0	1	1.1%	0.1
	45-54	5	11.1%	0.8	1	2.2%	0.2	6	6.6%	0.5
	55-64	6	13.3%	1.3	6	13.0%	1.3	12	13.2%	1.3
	65-74	9	20.0%	3.4	6	13.0%	2.0	15	16.5%	2.7
	75-84	9	20.0%	5.3	11	23.9%	4.5	20	22.0%	4.8
	85+	15	33.3%	25.6	21	45.7%	15.4	36	39.6%	18.5
	All ages	45	100.0%	1.1	46	100.0%	0.7	91	100.0%	0.9

Source: NE death certificates, 2004-2008

Table 9: Injury-related hospitalizations, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
MOTOR VEHICLE CRASH	<1	5	0.2%	7.3	2	0.1%	3.1	7	0.2%	5.3
	1-4	20	0.9%	7.7	23	1.4%	9.3	43	1.2%	8.5
	5-14	100	4.7%	16.3	93	5.8%	15.9	193	5.2%	16.1
	15-24	552	25.9%	81.6	339	21.2%	52.8	891	23.9%	67.6
	25-34	322	15.1%	55.3	177	11.1%	32.3	499	13.4%	44.2
	35-44	284	13.3%	48.0	210	13.2%	36.3	494	13.3%	42.2
	45-54	278	13.0%	44.0	185	11.6%	29.1	463	12.4%	36.5
	55-64	209	9.8%	46.9	167	10.5%	36.6	376	10.1%	41.7
	65-74	138	6.5%	52.6	142	8.9%	46.8	280	7.5%	49.5
	75-84	160	7.5%	93.3	167	10.5%	68.2	327	8.8%	78.6
	85+	64	3.0%	109.3	91	5.7%	66.8	155	4.2%	79.6
	All ages	2132	100.0%	48.9	1596	100.0%	34.8	3728	100.0%	41.7
FIREARM	5-14	10	12.7%	1.6	1	6.7%	0.2	11	11.7%	0.9
	15-24	34	43.0%	5.0	9	60.0%	1.4	43	45.7%	3.3
	25-34	11	13.9%	1.9	2	13.3%	0.4	13	13.8%	1.2
	35-44	11	13.9%	1.9	2	13.3%	0.4	13	13.8%	1.1
	45-54	6	7.6%	1.0	0	0.0%	0.0	6	6.4%	0.5
	55-64	5	6.3%	1.1	1	6.7%	0.2	6	6.4%	0.7
	65-74	1	1.3%	0.4	0	0.0%	0.0	1	1.1%	0.2
	75-84	1	1.3%	0.6	0	0.0%	0.0	1	1.1%	0.2
	All ages	79	100.0%	1.8	15	100.0%	0.3	94	100.0%	1.1
POISONING	<1	6	1.1%	8.8	5	0.7%	7.7	11	0.8%	8.3
	1-4	45	7.9%	17.3	42	5.7%	16.9	87	6.6%	17.1
	5-14	18	3.2%	2.9	12	1.6%	2.1	30	2.3%	2.5
	15-24	85	15.0%	12.6	56	7.5%	8.7	141	10.8%	10.7
	25-34	48	8.5%	8.3	64	8.6%	11.7	112	8.5%	9.9
	35-44	79	13.9%	13.4	93	12.5%	16.1	172	13.1%	14.7
	45-54	123	21.7%	19.5	139	18.7%	21.9	262	20.0%	20.7
	55-64	64	11.3%	14.4	99	13.3%	21.7	163	12.4%	18.1
	65-74	40	7.0%	15.2	96	12.9%	31.6	136	10.4%	24.0
	75-84	44	7.7%	25.7	93	12.5%	38.0	137	10.5%	32.9
	85+	16	2.8%	27.3	43	5.8%	31.6	59	4.5%	30.3
	All ages	568	100.0%	13.0	742	100.0%	15.9	1310	100.0%	14.5
FALLS	<1	24	0.3%	35.1	18	0.1%	27.8	42	0.2%	31.6
	1-4	96	1.3%	36.9	51	0.3%	20.5	147	0.6%	28.9
	5-14	201	2.7%	32.8	96	0.6%	16.4	297	1.3%	24.8
	15-24	261	3.5%	38.6	133	0.9%	20.7	394	1.7%	29.9
	25-34	247	3.3%	42.4	199	1.3%	36.4	446	2.0%	39.5
	35-44	410	5.5%	69.3	317	2.1%	54.9	727	3.2%	62.2
	45-54	679	9.1%	107.4	706	4.7%	111.0	1385	6.1%	109.2
	55-64	800	10.7%	179.4	1156	7.6%	253.3	1956	8.6%	216.8
	65-74	1095	14.6%	416.9	1956	12.9%	644.6	3051	13.5%	539.0
	75-84	2035	27.1%	1187.0	4779	31.6%	1952.8	6814	30.1%	1637.3
	85+	1651	22.0%	2818.3	5708	37.8%	4191.3	7359	32.5%	3778.3
	All ages	7499	100.0%	184.3	15119	100.0%	252.8	22618	100.0%	226.5

Table 9 (Cont.): Injury-related hospitalizations, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
SUFFOCATION	<1	2	3.0%	2.9	4	6.6%	6.2	6	4.7%	4.5
	1-4	6	9.0%	2.3	1	1.6%	0.4	7	5.5%	1.4
	5-14	3	4.5%	0.5	2	3.3%	0.3	5	3.9%	0.4
	15-24	6	9.0%	0.9	0	0.0%	0.0	6	4.7%	0.5
	25-34	1	1.5%	0.2	0	0.0%	0.0	1	0.8%	0.1
	35-44	4	6.0%	0.7	2	3.3%	0.4	6	4.7%	0.5
	45-54	4	6.0%	0.6	4	6.6%	0.6	8	6.3%	0.6
	55-64	6	9.0%	1.4	12	19.7%	2.6	18	14.1%	2.0
	65-74	13	19.4%	5.0	10	16.4%	3.3	23	18.0%	4.1
	75-84	16	23.9%	9.3	11	18.0%	4.5	27	21.1%	6.5
	85+	6	9.0%	10.2	15	24.6%	11.0	21	16.4%	10.8
	All ages	67	100.0%	1.6	61	100.0%	1.1	128	100.0%	1.3
DROWNING	<1	1	4.5%	1.5	2	16.7%	3.1	3	8.8%	2.3
	1-4	7	31.8%	2.7	3	25.0%	1.2	10	29.4%	2.0
	5-14	6	27.3%	1.0	2	16.7%	0.3	8	23.5%	0.7
	15-24	1	4.5%	0.2	2	16.7%	0.3	3	8.8%	0.2
	25-34	1	4.5%	0.2	0	0.0%	0.0	1	2.9%	0.1
	35-44	0	0.0%	0.0	1	8.3%	0.2	1	2.9%	0.1
	45-54	2	9.1%	0.3	0	0.0%	0.0	2	5.9%	0.2
	55-64	1	4.5%	0.2	0	0.0%	0.0	1	2.9%	0.1
	65-74	1	4.5%	0.4	0	0.0%	0.0	1	2.9%	0.2
	75-84	2	9.1%	1.2	1	8.3%	0.4	3	8.8%	0.7
	85+	0	0.0%	0.0	1	8.3%	0.7	1	2.9%	0.5
	All ages	22	100.0%	0.5	12	100.0%	0.3	34	100.0%	0.4
FIRE/BURN	<1	13	3.4%	19.0	9	4.9%	13.9	22	3.9%	16.5
	1-4	46	12.0%	17.7	29	15.9%	11.7	75	13.3%	14.8
	5-14	28	7.3%	4.6	13	7.1%	2.2	41	7.2%	3.4
	15-24	51	13.3%	7.5	22	12.1%	3.4	73	12.9%	5.5
	25-34	39	10.2%	6.7	9	4.9%	1.6	48	8.5%	4.3
	35-44	44	11.5%	7.4	20	11.0%	3.5	64	11.3%	5.5
	45-54	60	15.6%	9.5	26	14.3%	4.1	86	15.2%	6.8
	55-64	28	7.3%	6.3	17	9.3%	3.7	45	8.0%	5.0
	65-74	42	10.9%	16.0	13	7.1%	4.3	55	9.7%	9.7
	75-84	23	6.0%	13.4	11	6.0%	4.5	34	6.0%	8.2
	85+	10	2.6%	17.1	13	7.1%	9.6	23	4.1%	11.8
	All ages	384	100.0%	8.8	182	100.0%	3.9	566	100.0%	6.3
CUT/PIERCE	1-4	2	0.9%	0.8	0	0.0%	0.0	2	0.7%	0.4
	5-14	22	10.1%	3.6	9	14.1%	1.5	31	11.0%	2.6
	15-24	40	18.3%	5.9	11	17.2%	1.7	51	18.1%	3.9
	25-34	41	18.8%	7.1	11	17.2%	2.0	52	18.4%	4.6
	35-44	38	17.4%	6.4	7	10.9%	1.2	45	16.0%	3.9
	45-54	27	12.4%	4.3	8	12.5%	1.3	35	12.4%	2.8
	55-64	20	9.2%	4.5	8	12.5%	1.8	28	9.9%	3.1
	65-74	15	6.9%	5.7	3	4.7%	1.0	18	6.4%	3.2
	75-84	6	2.8%	3.5	6	9.4%	2.5	12	4.3%	2.9
	85+	7	3.2%	12.0	1	1.6%	0.7	8	2.8%	4.1
	All ages	218	100.0%	5.1	64	100.0%	1.4	282	100.0%	3.2

Table 9 (Cont.): Injury-related hospitalizations, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
STRUCK BY/ AGAINST	<1	1	0.1%	1.5	0	0.0%	0.0	1	0.1%	0.8
	1-4	20	2.9%	7.7	5	1.9%	2.0	25	2.6%	4.9
	5-14	132	18.8%	21.6	25	9.3%	4.3	157	16.2%	13.1
	15-24	167	23.8%	24.7	32	11.9%	5.0	199	20.5%	15.1
	25-34	76	10.8%	13.1	15	5.6%	2.7	91	9.4%	8.1
	35-44	72	10.3%	12.2	17	6.3%	2.9	89	9.2%	7.6
	45-54	66	9.4%	10.4	22	8.2%	3.5	88	9.1%	6.9
	55-64	55	7.8%	12.3	35	13.1%	7.7	90	9.3%	10.0
	65-74	44	6.3%	16.8	20	7.5%	6.6	64	6.6%	11.3
	75-84	53	7.6%	30.9	45	16.8%	18.4	98	10.1%	23.6
	85+	15	2.1%	25.6	52	19.4%	38.2	67	6.9%	34.4
	All ages	701	100.0%	16.1	268	100.0%	5.3	969	100.0%	10.8
MACHINERY	1-4	4	1.6%	1.5	1	3.4%	0.4	5	1.8%	1.0
	5-14	6	2.4%	1.0	1	3.4%	0.2	7	2.5%	0.6
	15-24	22	8.9%	3.3	6	20.7%	0.9	28	10.1%	2.1
	25-34	36	14.5%	6.2	2	6.9%	0.4	38	13.7%	3.4
	35-44	42	16.9%	7.1	4	13.8%	0.7	46	16.6%	3.9
	45-54	54	21.8%	8.5	3	10.3%	0.5	57	20.6%	4.5
	55-64	26	10.5%	5.8	6	20.7%	1.3	32	11.6%	3.6
	65-74	37	14.9%	14.1	2	6.9%	0.7	39	14.1%	6.9
	75-84	13	5.2%	7.6	2	6.9%	0.8	15	5.4%	3.6
	85+	8	3.2%	13.7	2	6.9%	1.5	10	3.6%	5.1
	All ages	248	100.0%	5.8	29	100.0%	0.6	277	100.0%	3.1
OTHER PEDAL CYCLIST	1-4	8	4.1%	3.1	2	2.9%	0.8	10	3.8%	2.0
	5-14	56	28.4%	9.2	19	27.9%	3.2	75	28.3%	6.3
	15-24	27	13.7%	4.0	1	1.5%	0.2	28	10.6%	2.1
	25-34	10	5.1%	1.7	5	7.4%	0.9	15	5.7%	1.3
	35-44	21	10.7%	3.6	4	5.9%	0.7	25	9.4%	2.1
	45-54	36	18.3%	5.7	17	25.0%	2.7	53	20.0%	4.2
	55-64	26	13.2%	5.8	12	17.6%	2.6	38	14.3%	4.2
	65-74	9	4.6%	3.4	5	7.4%	1.7	14	5.3%	2.5
	75-84	4	2.0%	2.3	3	4.4%	1.2	7	2.6%	1.7
	All ages	197	100.0%	4.5	68	100.0%	1.5	265	100.0%	3.0
OTHER PEDESTRIAN	1-4	5	11.6%	1.9	1	5.9%	0.4	6	10.0%	1.2
	5-14	6	14.0%	1.0	1	5.9%	0.2	7	11.7%	0.6
	15-24	2	4.7%	0.3	3	17.6%	0.5	5	8.3%	0.4
	25-34	6	14.0%	1.0	0	0.0%	0.0	6	10.0%	0.5
	35-44	3	7.0%	0.5	0	0.0%	0.0	3	5.0%	0.3
	45-54	7	16.3%	1.1	1	5.9%	0.2	8	13.3%	0.6
	55-64	5	11.6%	1.1	5	29.4%	1.1	10	16.7%	1.1
	65-74	3	7.0%	1.1	2	11.8%	0.7	5	8.3%	0.9
	75-84	6	14.0%	3.5	2	11.8%	0.8	8	13.3%	1.9
	85+	0	0.0%	0.0	2	11.8%	1.5	2	3.3%	1.0
	All ages	43	100.0%	1.0	17	100.0%	0.3	60	100.0%	0.7

Table 9 (Cont.): Injury-related hospitalizations, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
OTHER	1-4	6	0.7%	2.3	4	1.2%	1.6	10	0.8%	2.0
TRANSPORTATION	5-14	72	8.6%	11.8	41	12.0%	7.0	113	9.6%	9.4
	15-24	142	16.9%	21.0	45	13.2%	7.0	187	15.9%	14.2
	25-34	108	12.9%	18.6	25	7.3%	4.6	133	11.3%	11.8
	35-44	108	12.9%	18.3	47	13.8%	8.1	155	13.1%	13.3
	45-54	155	18.5%	24.5	80	23.5%	12.6	235	19.9%	18.5
	55-64	111	13.2%	24.9	41	12.0%	9.0	152	12.9%	16.9
	65-74	83	9.9%	31.6	23	6.7%	7.6	106	9.0%	18.7
	75-84	39	4.7%	22.8	17	5.0%	7.0	56	4.7%	13.5
	85+	14	1.7%	23.9	18	5.3%	13.2	32	2.7%	16.4
	All ages	838	100.0%	19.2	341	100.0%	7.5	1179	100.0%	13.3
NATURAL/ ENVIRONMENTAL	<1	3	0.8%	4.4	5	2.1%	7.7	8	1.4%	6.0
	1-4	22	6.2%	8.5	13	5.6%	5.2	35	6.0%	6.9
	5-14	20	5.6%	3.3	18	7.7%	3.1	38	6.5%	3.2
	15-24	25	7.1%	3.7	21	9.0%	3.3	46	7.8%	3.5
	25-34	29	8.2%	5.0	15	6.4%	2.7	44	7.5%	3.9
	35-44	54	15.3%	9.1	28	12.0%	4.8	82	14.0%	7.0
	45-54	71	20.1%	11.2	31	13.3%	4.9	102	17.4%	8.0
	55-64	38	10.7%	8.5	30	12.9%	6.6	68	11.6%	7.5
	65-74	42	11.9%	16.0	27	11.6%	8.9	69	11.8%	12.2
	75-84	42	11.9%	24.5	24	10.3%	9.8	66	11.2%	15.9
	85+	8	2.3%	13.7	21	9.0%	15.4	29	4.9%	14.9
	All ages	354	100.0%	8.3	233	100.0%	5.0	587	100.0%	6.6
OVEREXERTION	1-4	4	1.2%	1.5	0	0.0%	0.0	4	0.5%	0.8
	5-14	14	4.0%	2.3	9	2.1%	1.5	23	3.0%	1.9
	15-24	36	10.4%	5.3	18	4.2%	2.8	54	7.0%	4.1
	25-34	37	10.7%	6.4	25	5.8%	4.6	62	8.0%	5.5
	35-44	54	15.6%	9.1	32	7.5%	5.5	86	11.1%	7.4
	45-54	54	15.6%	8.5	55	12.8%	8.7	109	14.0%	8.6
	55-64	41	11.8%	9.2	46	10.7%	10.1	87	11.2%	9.6
	65-74	35	10.1%	13.3	67	15.6%	22.1	102	13.1%	18.0
	75-84	50	14.4%	29.2	95	22.1%	38.8	145	18.7%	34.8
	85+	22	6.3%	37.6	82	19.1%	60.2	104	13.4%	53.4
	All ages	347	100.0%	8.2	429	100.0%	8.3	776	100.0%	8.4
OTHER SPECIFIED	<1	5	1.1%	7.3	1	0.4%	1.6	6	0.9%	4.5
	1-4	12	2.7%	4.6	10	4.3%	4.0	22	3.2%	4.3
	5-14	30	6.7%	4.9	16	7.0%	2.7	46	6.8%	3.8
	15-24	66	14.7%	9.8	18	7.8%	2.8	84	12.4%	6.4
	25-34	49	10.9%	8.4	12	5.2%	2.2	61	9.0%	5.4
	35-44	68	15.1%	11.5	23	10.0%	4.0	91	13.4%	7.8
	45-54	71	15.8%	11.2	32	13.9%	5.0	103	15.1%	8.1
	55-64	42	9.3%	9.4	22	9.6%	4.8	64	9.4%	7.1
	65-74	49	10.9%	18.7	21	9.1%	6.9	70	10.3%	12.4
	75-84	34	7.6%	19.8	40	17.4%	16.4	74	10.9%	17.8
	85+	24	5.3%	41.0	35	15.2%	25.7	59	8.7%	30.3
	All ages	450	100.0%	10.5	230	100.0%	4.7	680	100.0%	7.5

Table 9 (Cont.): Injury-related hospitalizations, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
NEC	1-4	2	2.2%	0.8	0	0.0%	0.0	2	1.2%	0.4
	5-14	8	8.9%	1.3	1	1.3%	0.2	9	5.4%	0.8
	15-24	17	18.9%	2.5	10	13.2%	1.6	27	16.3%	2.1
	25-34	11	12.2%	1.9	5	6.6%	0.9	16	9.6%	1.4
	35-44	13	14.4%	2.2	6	7.9%	1.0	19	11.4%	1.6
	45-54	11	12.2%	1.7	6	7.9%	0.9	17	10.2%	1.3
	55-64	11	12.2%	2.5	11	14.5%	2.4	22	13.3%	2.4
	65-74	6	6.7%	2.3	10	13.2%	3.3	16	9.6%	2.8
	75-84	7	7.8%	4.1	11	14.5%	4.5	18	10.8%	4.3
	85+	4	4.4%	6.8	16	21.1%	11.8	20	12.0%	10.3
	All ages	90	100.0%	2.1	76	100.0%	1.5	166	100.0%	1.8
NOT SPECIFIED	<1	11	2.8%	16.1	8	1.3%	12.4	19	1.9%	14.3
	1-4	9	2.3%	3.5	5	0.8%	2.0	14	1.4%	2.8
	5-14	11	2.8%	1.8	4	0.7%	0.7	15	1.5%	1.3
	15-24	29	7.3%	4.3	9	1.5%	1.4	38	3.8%	2.9
	25-34	39	9.8%	6.7	9	1.5%	1.6	48	4.8%	4.3
	35-44	36	9.0%	6.1	32	5.2%	5.5	68	6.7%	5.8
	45-54	58	14.5%	9.2	43	7.0%	6.8	101	10.0%	8.0
	55-64	43	10.8%	9.6	60	9.8%	13.2	103	10.2%	11.4
	65-74	46	11.5%	17.5	85	13.9%	28.0	131	13.0%	23.1
	75-84	68	17.0%	39.7	169	27.7%	69.1	237	23.5%	57.0
	85+	49	12.3%	83.6	187	30.6%	137.3	236	23.4%	121.2
	All ages	399	100.0%	9.5	611	100.0%	10.8	1010	100.0%	10.5
SELF-INFLICTED	5-14	16	1.4%	2.6	49	2.7%	8.4	65	2.2%	5.4
	15-24	300	27.1%	44.4	446	24.7%	69.4	746	25.6%	56.6
	25-34	259	23.4%	44.5	415	23.0%	75.8	674	23.1%	59.7
	35-44	254	23.0%	42.9	390	21.6%	67.5	644	22.1%	55.1
	45-54	191	17.3%	30.2	352	19.5%	55.4	543	18.6%	42.8
	55-64	48	4.3%	10.8	103	5.7%	22.6	151	5.2%	16.7
	65-74	24	2.2%	9.1	31	1.7%	10.2	55	1.9%	9.7
	75-84	9	0.8%	5.3	17	0.9%	7.0	26	0.9%	6.3
	85+	5	0.5%	8.5	5	0.3%	3.7	10	0.3%	5.1
	All ages	1106	100.0%	25.5	1808	100.0%	42.6	2914	100.0%	33.9
ASSAULT	<1	37	4.3%	54.1	37	18.5%	57.2	74	7.0%	55.6
	1-4	9	1.0%	3.5	5	2.5%	2.0	14	1.3%	2.8
	5-14	15	1.7%	2.5	6	3.0%	1.0	21	2.0%	1.8
	15-24	335	39.0%	49.5	34	17.0%	5.3	369	34.8%	28.0
	25-34	189	22.0%	32.5	30	15.0%	5.5	219	20.7%	19.4
	35-44	137	15.9%	23.2	33	16.5%	5.7	170	16.0%	14.5
	45-54	92	10.7%	14.6	40	20.0%	6.3	132	12.5%	10.4
	55-64	31	3.6%	7.0	6	3.0%	1.3	37	3.5%	4.1
	65-74	12	1.4%	4.6	6	3.0%	2.0	18	1.7%	3.2
	75-84	1	0.1%	0.6	2	1.0%	0.8	3	0.3%	0.7
	85+	2	0.2%	3.4	1	0.5%	0.7	3	0.3%	1.5
	All ages	860	100.0%	19.3	200	100.0%	4.6	1060	100.0%	12.1

Table 9 (Cont.): Injury-related hospitalizations, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
UNDETERMINED	<1	6	2.7%	8.8	2	1.1%	3.1	8	1.9%	6.0
	1-4	3	1.4%	1.2	0	0.0%	0.0	3	0.7%	0.6
	5-14	4	1.8%	0.7	2	1.1%	0.3	6	1.5%	0.5
	15-24	49	22.1%	7.3	31	16.3%	4.8	80	19.4%	6.1
	25-34	40	18.0%	6.9	27	14.2%	4.9	67	16.3%	5.9
	35-44	33	14.9%	5.6	36	18.9%	6.2	69	16.7%	5.9
	45-54	51	23.0%	8.1	41	21.6%	6.5	92	22.3%	7.3
	55-64	21	9.5%	4.7	17	8.9%	3.7	38	9.2%	4.2
	65-74	8	3.6%	3.1	14	7.4%	4.6	22	5.3%	3.9
	75-84	4	1.8%	2.3	12	6.3%	4.9	16	3.9%	3.8
	85+	3	1.4%	5.1	8	4.2%	5.9	11	2.7%	5.7
	All ages	222	100.0%	5.0	190	100.0%	4.3	412	100.0%	4.7
OTHER	15-24	1	6.3%	0.2	1	100.0%	0.2	2	11.8%	0.2
	25-34	2	12.5%	0.3	0	0.0%	0.0	2	11.8%	0.2
	35-44	7	43.8%	1.2	0	0.0%	0.0	7	41.2%	0.6
	45-54	3	18.8%	0.5	0	0.0%	0.0	3	17.6%	0.2
	55-64	1	6.3%	0.2	0	0.0%	0.0	1	5.9%	0.1
	75-84	1	6.3%	0.6	0	0.0%	0.0	1	5.9%	0.2
	85+	1	6.3%	1.7	0	0.0%	0.0	1	5.9%	0.5
	All ages	16	100.0%	0.4	1	100.0%	0.0	17	100.0%	0.2

Source: NE vital statistics data, 2004-2008

Table 10: Injury-related emergency department (ED) visits, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
MOTOR VEHICLE TRAFFIC	<1	207	1.0%	302.9	172	0.7%	265.8	379	0.8%	284.8
	1-4	589	2.8%	226.5	551	2.1%	221.9	1140	2.4%	224.2
	5-14	1907	9.1%	311.6	1974	7.6%	336.5	3881	8.3%	323.8
	15-24	6806	32.6%	1006.4	9183	35.3%	1429.4	15989	34.1%	1212.4
	25-34	3644	17.5%	626.2	4698	18.1%	858.1	8342	17.8%	738.6
	35-44	2848	13.6%	481.4	3385	13.0%	585.7	6233	13.3%	533.0
	45-54	2318	11.1%	366.7	2704	10.4%	425.2	5022	10.7%	396.1
	55-64	1280	6.1%	287.1	1628	6.3%	356.7	2908	6.2%	322.3
	65-74	643	3.1%	244.8	865	3.3%	285.0	1508	3.2%	266.4
	75-84	495	2.4%	288.7	628	2.4%	256.6	1123	2.4%	269.8
	85+	133	0.6%	227.0	209	0.8%	153.5	342	0.7%	175.6
	All ages	20870	100.0%	471.9	25997	100.0%	595.8	46867	100.0%	532.3
FIREARM	1-4	1	0.3%	0.4	1	2.4%	0.4	2	0.6%	0.4
	5-14	32	10.8%	5.2	4	9.5%	0.7	36	10.7%	3.0
	15-24	128	43.4%	18.9	16	38.1%	2.5	144	42.7%	10.9
	25-34	45	15.3%	7.7	4	9.5%	0.7	49	14.5%	4.3
	35-44	35	11.9%	5.9	5	11.9%	0.9	40	11.9%	3.4
	45-54	27	9.2%	4.3	8	19.0%	1.3	35	10.4%	2.8
	55-64	14	4.7%	3.1	3	7.1%	0.7	17	5.0%	1.9
	65-74	11	3.7%	4.2	1	2.4%	0.3	12	3.6%	2.1
	75-84	1	0.3%	0.6	0	0.0%	0.0	1	0.3%	0.2
	85+	1	0.3%	1.7	0	0.0%	0.0	1	0.3%	0.5
	All ages	295	100.0%	6.6	42	100.0%	1.0	337	100.0%	3.8
POISONING	<1	121	3.1%	177.0	113	2.7%	174.6	234	2.9%	175.9
	1-4	1300	33.1%	499.9	1074	26.1%	432.5	2374	29.5%	467.0
	5-14	359	9.1%	58.7	304	7.4%	51.8	663	8.2%	55.3
	15-24	573	14.6%	84.7	682	16.6%	106.2	1255	15.6%	95.2
	25-34	429	10.9%	73.7	462	11.2%	84.4	891	11.1%	78.9
	35-44	396	10.1%	66.9	437	10.6%	75.6	833	10.4%	71.2
	45-54	296	7.5%	46.8	401	9.7%	63.1	697	8.7%	55.0
	55-64	196	5.0%	44.0	249	6.0%	54.6	445	5.5%	49.3
	65-74	121	3.1%	46.1	179	4.3%	59.0	300	3.7%	53.0
	75-84	106	2.7%	61.8	141	3.4%	57.6	247	3.1%	59.4
	85+	32	0.8%	54.6	74	1.8%	54.3	106	1.3%	54.4
	All ages	3929	100.0%	88.1	4116	100.0%	92.9	8045	100.0%	90.5
FALLS	<1	1728	2.3%	2528.3	1490	1.6%	2302.5	3218	1.9%	2418.5
	1-4	12909	17.3%	4964.1	9367	9.9%	3771.8	22276	13.2%	4381.7
	5-14	16141	21.6%	2637.2	12364	13.1%	2107.5	28505	16.9%	2378.0
	15-24	8570	11.5%	1267.2	7901	8.4%	1229.8	16471	9.8%	1249.0
	25-34	5146	6.9%	884.2	7285	7.7%	1330.6	12431	7.4%	1100.6
	35-44	5209	7.0%	880.5	7477	7.9%	1293.7	12686	7.5%	1084.7
	45-54	5779	7.7%	914.2	8780	9.3%	1380.8	14559	8.6%	1148.2
	55-64	4579	6.1%	1027.1	7704	8.2%	1687.8	12283	7.3%	1361.4
	65-74	4430	5.9%	1686.8	7769	8.2%	2560.1	12199	7.2%	2154.9
	75-84	5924	7.9%	3455.4	12109	12.9%	4948.1	18033	10.7%	4333.1
	85+	4155	5.6%	7092.7	11966	12.7%	8786.4	16121	9.6%	8277.0
	All ages	74570	100.0%	1721.4	94212	100.0%	1969.1	168782	100.0%	1859.3

Table 10 (Cont.): Injury-related emergency department (ED) visits, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
SUFFOCATION	<1	62	10.7%	90.7	84	14.9%	129.8	146	12.8%	109.7
	1-4	197	34.0%	75.8	206	36.5%	83.0	403	35.2%	79.3
	5-14	55	9.5%	9.0	40	7.1%	6.8	95	8.3%	7.9
	15-24	24	4.1%	3.6	6	1.1%	0.9	30	2.6%	2.3
	25-34	22	3.8%	3.8	11	2.0%	2.0	33	2.9%	2.9
	35-44	37	6.4%	6.3	20	3.5%	3.5	57	5.0%	4.9
	45-54	43	7.4%	6.8	27	4.8%	4.3	70	6.1%	5.5
	55-64	39	6.7%	8.8	35	6.2%	7.7	74	6.5%	8.2
	65-74	35	6.0%	13.3	30	5.3%	9.9	65	5.7%	11.5
	75-84	45	7.8%	26.3	45	8.0%	18.4	90	7.9%	21.6
	85+	21	3.6%	35.9	60	10.6%	44.1	81	7.1%	41.6
	All ages	580	100.0%	13.1	564	100.0%	11.7	1144	100.0%	12.4
DROWNING	<1	5	4.6%	7.3	4	6.0%	6.2	9	5.1%	6.8
	1-4	27	25.0%	10.4	17	25.4%	6.9	44	25.1%	8.7
	5-14	19	17.6%	3.1	17	25.4%	2.9	36	20.6%	3.0
	15-24	20	18.5%	3.0	17	25.4%	2.7	37	21.1%	2.8
	25-34	8	7.4%	1.4	6	9.0%	1.1	14	8.0%	1.2
	35-44	14	13.0%	2.4	2	3.0%	0.4	16	9.1%	1.4
	45-54	5	4.6%	0.8	4	6.0%	0.6	9	5.1%	0.7
	55-64	5	4.6%	1.1	0	0.0%	0.0	5	2.9%	0.6
	65-74	3	2.8%	1.1	0	0.0%	0.0	3	1.7%	0.5
	75-84	2	1.9%	1.2	0	0.0%	0.0	2	1.1%	0.5
	All ages	108	100.0%	2.4	67	100.0%	1.5	175	100.0%	2.0
FIRE/BURN	<1	199	3.7%	291.2	146	3.2%	225.6	345	3.5%	259.3
	1-4	1046	19.7%	402.2	737	16.3%	296.8	1783	18.1%	350.7
	5-14	541	10.2%	88.4	480	10.6%	81.8	1021	10.4%	85.2
	15-24	1187	22.3%	175.5	944	20.9%	146.9	2131	21.6%	161.6
	25-34	742	14.0%	127.5	662	14.6%	120.9	1404	14.3%	124.3
	35-44	623	11.7%	105.3	559	12.3%	96.7	1182	12.0%	101.1
	45-54	509	9.6%	80.5	445	9.8%	70.0	954	9.7%	75.2
	55-64	244	4.6%	54.7	249	5.5%	54.6	493	5.0%	54.6
	65-74	135	2.5%	51.4	157	3.5%	51.7	292	3.0%	51.6
	75-84	63	1.2%	36.8	89	2.0%	36.4	152	1.5%	36.5
	85+	28	0.5%	47.8	59	1.3%	43.3	87	0.9%	44.7
	All ages	5317	100.0%	119.3	4527	100.0%	103.9	9844	100.0%	111.7
CUT/PIERCE	<1	118	0.3%	172.7	125	0.7%	193.2	243	0.5%	182.6
	1-4	2038	5.8%	783.7	1272	6.8%	512.2	3310	6.2%	651.1
	5-14	5418	15.5%	885.2	3082	16.4%	525.3	8500	15.8%	709.1
	15-24	8134	23.3%	1202.7	3583	19.0%	557.7	11717	21.8%	888.5
	25-34	5920	16.9%	1017.2	2992	15.9%	546.5	8912	16.6%	789.1
	35-44	4698	13.4%	794.2	2589	13.7%	448.0	7287	13.6%	623.1
	45-54	3926	11.2%	621.1	2330	12.4%	366.4	6256	11.6%	493.4
	55-64	2462	7.0%	552.2	1320	7.0%	289.2	3782	7.0%	419.2
	65-74	1359	3.9%	517.5	816	4.3%	268.9	2175	4.0%	384.2
	75-84	696	2.0%	406.0	481	2.6%	196.6	1177	2.2%	282.8
	85+	163	0.5%	278.3	248	1.3%	182.1	411	0.8%	211.0
	All ages	34932	100.0%	797.0	18838	100.0%	435.8	53770	100.0%	617.7

Table 10 (Cont.): Injury-related emergency department (ED) visits, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
STRUCK BY/AGAINST	<1	524	0.9%	766.7	430	1.4%	664.5	954	1.1%	717.0
	1-4	7017	12.7%	2698.4	4162	13.8%	1675.9	11179	13.1%	2198.9
	5-14	16277	29.4%	2659.4	7975	26.5%	1359.4	24252	28.4%	2023.2
	15-24	15344	27.7%	2268.9	6176	20.5%	961.3	21520	25.2%	1631.9
	25-34	5681	10.3%	976.2	3338	11.1%	609.7	9019	10.6%	798.5
	35-44	4166	7.5%	704.2	2606	8.7%	450.9	6772	7.9%	579.0
	45-54	3037	5.5%	480.5	2118	7.0%	333.1	5155	6.0%	406.6
	55-64	1539	2.8%	345.2	1163	3.9%	254.8	2702	3.2%	299.5
	65-74	872	1.6%	332.0	784	2.6%	258.4	1656	1.9%	292.5
	75-84	653	1.2%	380.9	769	2.6%	314.2	1422	1.7%	341.7
	85+	234	0.4%	399.5	576	1.9%	422.9	810	0.9%	415.9
	All ages	55344	100.0%	1248.5	30097	100.0%	693.9	85441	100.0%	976.7
MACHINERY	<1	1	0.0%	1.5	0	0.0%	0.0	1	0.0%	0.8
	1-4	35	1.0%	13.5	22	3.9%	8.9	57	1.4%	11.2
	5-14	92	2.5%	15.0	27	4.8%	4.6	119	2.8%	9.9
	15-24	596	16.4%	88.1	100	17.9%	15.6	696	16.6%	52.8
	25-34	598	16.4%	102.8	113	20.2%	20.6	711	16.9%	63.0
	35-44	571	15.7%	96.5	104	18.6%	18.0	675	16.1%	57.7
	45-54	667	18.3%	105.5	99	17.7%	15.6	766	18.2%	60.4
	55-64	499	13.7%	111.9	48	8.6%	10.5	547	13.0%	60.6
	65-74	368	10.1%	140.1	25	4.5%	8.2	393	9.3%	69.4
	75-84	187	5.1%	109.1	17	3.0%	7.0	204	4.9%	49.0
	85+	31	0.9%	52.9	5	0.9%	3.7	36	0.9%	18.5
	All ages	3645	100.0%	83.8	560	100.0%	13.0	4205	100.0%	47.8
OTHER PEDAL CYCLIST	<1	2	0.0%	2.9	0	0.0%	0.0	2	0.0%	1.5
	1-4	409	7.4%	157.3	211	8.6%	85.0	620	7.7%	122.0
	5-14	3196	57.7%	522.2	1586	64.3%	270.3	4782	59.7%	398.9
	15-24	721	13.0%	106.6	148	6.0%	23.0	869	10.9%	65.9
	25-34	306	5.5%	52.6	96	3.9%	17.5	402	5.0%	35.6
	35-44	335	6.0%	56.6	132	5.4%	22.8	467	5.8%	39.9
	45-54	339	6.1%	53.6	163	6.6%	25.6	502	6.3%	39.6
	55-64	158	2.9%	35.4	87	3.5%	19.1	245	3.1%	27.2
	65-74	51	0.9%	19.4	36	1.5%	11.9	87	1.1%	15.4
	75-84	20	0.4%	11.7	5	0.2%	2.0	25	0.3%	6.0
	85+	2	0.0%	3.4	2	0.1%	1.5	4	0.0%	2.1
	All ages	5539	100.0%	128.1	2466	100.0%	59.4	8005	100.0%	94.3
OTHER PEDESTRIAN	<1	0	0.0%	0.0	1	0.5%	1.6	1	0.2%	0.8
	1-4	28	9.3%	10.8	27	14.2%	10.9	55	11.2%	10.8
	5-14	95	31.7%	15.5	38	20.0%	6.5	133	27.1%	11.1
	15-24	68	22.7%	10.1	40	21.1%	6.2	108	22.0%	8.2
	25-34	21	7.0%	3.6	17	8.9%	3.1	38	7.8%	3.4
	35-44	24	8.0%	4.1	23	12.1%	4.0	47	9.6%	4.0
	45-54	27	9.0%	4.3	10	5.3%	1.6	37	7.6%	2.9
	55-64	12	4.0%	2.7	12	6.3%	2.6	24	4.9%	2.7
	65-74	14	4.7%	5.3	5	2.6%	1.7	19	3.9%	3.4
	75-84	9	3.0%	5.3	14	7.4%	5.7	23	4.7%	5.5
	85+	2	0.7%	3.4	3	1.6%	2.2	5	1.0%	2.6
	All ages	300	100.0%	6.9	190	100.0%	4.3	490	100.0%	5.6

Table 10 (Cont.): Injury-related emergency department (ED) visits, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
OTHER	<1	5	0.1%	7.3	5	0.2%	7.7	10	0.1%	7.5
TRANSPORTATION	1-4	171	2.9%	65.8	138	4.2%	55.6	309	3.4%	60.8
	5-14	1188	20.4%	194.1	844	25.7%	143.9	2032	22.3%	169.5
	15-24	1569	26.9%	232.0	792	24.1%	123.3	2361	25.9%	179.0
	25-34	867	14.9%	149.0	397	12.1%	72.5	1264	13.9%	111.9
	35-44	747	12.8%	126.3	383	11.7%	66.3	1130	12.4%	96.6
	45-54	610	10.5%	96.5	353	10.7%	55.5	963	10.6%	76.0
	55-64	339	5.8%	76.0	168	5.1%	36.8	507	5.6%	56.2
	65-74	197	3.4%	75.0	83	2.5%	27.4	280	3.1%	49.5
	75-84	103	1.8%	60.1	85	2.6%	34.7	188	2.1%	45.2
	85+	29	0.5%	49.5	37	1.1%	27.2	66	0.7%	33.9
	All ages	5825	100.0%	133.0	3285	100.0%	76.3	9110	100.0%	104.8
NATURAL/ ENVIRONMENTAL	<1	123	1.1%	180.0	116	1.1%	179.3	239	1.1%	179.6
	1-4	2157	19.4%	829.5	1751	16.3%	705.1	3908	17.8%	768.7
	5-14	2452	22.0%	400.6	2024	18.8%	345.0	4476	20.4%	373.4
	15-24	1500	13.5%	221.8	1660	15.4%	258.4	3160	14.4%	239.6
	25-34	1211	10.9%	208.1	1178	10.9%	215.2	2389	10.9%	211.5
	35-44	1096	9.8%	185.3	1231	11.4%	213.0	2327	10.6%	199.0
	45-54	1053	9.5%	166.6	1133	10.5%	178.2	2186	10.0%	172.4
	55-64	675	6.1%	151.4	695	6.5%	152.3	1370	6.3%	151.8
	65-74	451	4.1%	171.7	485	4.5%	159.8	936	4.3%	165.3
	75-84	323	2.9%	188.4	369	3.4%	150.8	692	3.2%	166.3
	85+	88	0.8%	150.2	128	1.2%	94.0	216	1.0%	110.9
	All ages	11129	100.0%	253.6	10770	100.0%	247.4	21899	100.0%	250.2
OVEREXERTION	<1	64	0.3%	93.6	82	0.4%	126.7	146	0.3%	109.7
	1-4	909	4.2%	349.6	1237	5.4%	498.1	2146	4.8%	422.1
	5-14	2625	12.0%	428.9	2856	12.5%	486.8	5481	12.3%	457.2
	15-24	5858	26.8%	866.2	4700	20.6%	731.6	10558	23.6%	800.6
	25-34	4209	19.2%	723.2	4164	18.2%	760.6	8373	18.7%	741.3
	35-44	3477	15.9%	587.8	3442	15.1%	595.5	6919	15.5%	591.6
	45-54	2437	11.1%	385.5	2718	11.9%	427.4	5155	11.5%	406.6
	55-64	1168	5.3%	262.0	1530	6.7%	335.2	2698	6.0%	299.0
	65-74	620	2.8%	236.1	933	4.1%	307.5	1553	3.5%	274.3
	75-84	403	1.8%	235.1	804	3.5%	328.5	1207	2.7%	290.0
	85+	117	0.5%	199.7	352	1.5%	258.5	469	1.0%	240.8
	All ages	21887	100.0%	500.9	22818	100.0%	527.4	44705	100.0%	514.9
OTHER SPECIFIED	<1	403	2.0%	589.7	336	2.6%	519.2	739	2.2%	555.4
	1-4	3181	15.5%	1223.2	2958	22.5%	1191.1	6139	18.3%	1207.5
	5-14	3467	16.9%	566.5	2556	19.5%	435.7	6023	17.9%	502.5
	15-24	3240	15.8%	479.1	1869	14.2%	290.9	5109	15.2%	387.4
	25-34	2841	13.9%	488.2	1321	10.1%	241.3	4162	12.4%	368.5
	35-44	2401	11.7%	405.9	1214	9.2%	210.1	3615	10.8%	309.1
	45-54	2220	10.9%	351.2	1026	7.8%	161.4	3246	9.7%	256.0
	55-64	1207	5.9%	270.7	596	4.5%	130.6	1803	5.4%	199.8
	65-74	743	3.6%	282.9	492	3.7%	162.1	1235	3.7%	218.2
	75-84	543	2.7%	316.7	453	3.4%	185.1	996	3.0%	239.3
	85+	211	1.0%	360.2	310	2.4%	227.6	521	1.6%	267.5
	All ages	20457	100.0%	466.3	13131	100.0%	299.4	33588	100.0%	382.8

Table 10 (Cont.): Injury-related emergency department (ED) visits, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
NEC	<1	47	1.5%	68.8	57	1.9%	88.1	104	1.7%	78.2
	1-4	437	14.0%	168.1	444	14.6%	178.8	881	14.3%	173.3
	5-14	572	18.3%	93.5	541	17.8%	92.2	1113	18.1%	92.9
	15-24	625	20.0%	92.4	520	17.1%	80.9	1145	18.6%	86.8
	25-34	448	14.4%	77.0	394	13.0%	72.0	842	13.7%	74.6
	35-44	356	11.4%	60.2	324	10.7%	56.1	680	11.1%	58.1
	45-54	276	8.9%	43.7	277	9.1%	43.6	553	9.0%	43.6
	55-64	146	4.7%	32.8	168	5.5%	36.8	314	5.1%	34.8
	65-74	111	3.6%	42.3	108	3.6%	35.6	219	3.6%	38.7
	75-84	73	2.3%	42.6	118	3.9%	48.2	191	3.1%	45.9
	85+	27	0.9%	46.1	82	2.7%	60.2	109	1.8%	56.0
	All ages	3118	100.0%	71.1	3033	100.0%	69.2	6151	100.0%	70.2
NOT SPECIFIED	<1	273	2.3%	399.4	242	1.9%	374.0	515	2.1%	387.1
	1-4	1455	12.4%	559.5	1138	9.1%	458.2	2593	10.7%	510.0
	5-14	1444	12.3%	235.9	1049	8.3%	178.8	2493	10.3%	208.0
	15-24	1926	16.4%	284.8	1949	15.5%	303.4	3875	16.0%	293.8
	25-34	1688	14.4%	290.1	1928	15.3%	352.2	3616	14.9%	320.2
	35-44	1491	12.7%	252.0	1596	12.7%	276.1	3087	12.7%	264.0
	45-54	1369	11.7%	216.6	1502	12.0%	236.2	2871	11.8%	226.4
	55-64	794	6.8%	178.1	921	7.3%	201.8	1715	7.1%	190.1
	65-74	508	4.3%	193.4	731	5.8%	240.9	1239	5.1%	218.9
	75-84	529	4.5%	308.6	845	6.7%	345.3	1374	5.7%	330.2
	85+	246	2.1%	419.9	667	5.3%	489.8	913	3.8%	468.8
	All ages	11723	100.0%	268.5	12568	100.0%	279.7	24291	100.0%	274.5
SELF-INFLICTED	<1	1	0.0%	1.5	1	0.0%	1.6	2	0.0%	1.5
	1-4	2	0.1%	0.8	3	0.1%	1.2	5	0.1%	1.0
	5-14	110	5.3%	18.0	307	8.8%	52.3	417	7.5%	34.8
	15-24	854	41.2%	126.3	1514	43.6%	235.7	2368	42.7%	179.6
	25-34	449	21.6%	77.2	680	19.6%	124.2	1129	20.4%	100.0
	35-44	341	16.4%	57.6	497	14.3%	86.0	838	15.1%	71.7
	45-54	217	10.5%	34.3	345	9.9%	54.3	562	10.1%	44.3
	55-64	66	3.2%	14.8	77	2.2%	16.9	143	2.6%	15.9
	65-74	18	0.9%	6.9	33	1.0%	10.9	51	0.9%	9.0
	75-84	13	0.6%	7.6	11	0.3%	4.5	24	0.4%	5.8
	85+	4	0.2%	6.8	2	0.1%	1.5	6	0.1%	3.1
	All ages	2075	100.0%	46.8	3470	100.0%	80.9	5545	100.0%	63.5
ASSAULT	<1	34	0.3%	49.8	30	0.4%	46.4	64	0.3%	48.1
	1-4	81	0.7%	31.2	92	1.1%	37.1	173	0.9%	34.0
	5-14	771	6.7%	126.0	461	5.5%	78.6	1232	6.2%	102.8
	15-24	4767	41.4%	704.9	3235	38.9%	503.5	8002	40.4%	606.8
	25-34	2584	22.5%	444.0	2141	25.8%	391.1	4725	23.8%	418.3
	35-44	1698	14.8%	287.0	1403	16.9%	242.8	3101	15.6%	265.2
	45-54	1144	9.9%	181.0	715	8.6%	112.4	1859	9.4%	146.6
	55-64	321	2.8%	72.0	148	1.8%	32.4	469	2.4%	52.0
	65-74	73	0.6%	27.8	50	0.6%	16.5	123	0.6%	21.7
	75-84	25	0.2%	14.6	22	0.3%	9.0	47	0.2%	11.3
	85+	10	0.1%	17.1	11	0.1%	8.1	21	0.1%	10.8
	All ages	11508	100.0%	258.8	8308	100.0%	196.0	19816	100.0%	227.9

Table 10 (Cont.): Injury-related emergency department (ED) visits, percentages, and rates, by cause, age group, and gender, Nebraska residents, 2004-2008

CAUSE	Age Group	Males			Females			Total		
		N	%	Rate	N	%	Rate	N	%	Rate
UNDETERMINED	<1	30	2.9%	43.9	13	1.2%	20.1	43	2.1%	32.3
	1-4	79	7.6%	30.4	62	5.9%	25.0	141	6.8%	27.7
	5-14	99	9.5%	16.2	78	7.4%	13.3	177	8.5%	14.8
	15-24	333	32.1%	49.2	312	29.7%	48.6	645	30.9%	48.9
	25-34	174	16.7%	29.9	173	16.5%	31.6	347	16.6%	30.7
	35-44	105	10.1%	17.8	165	15.7%	28.6	270	12.9%	23.1
	45-54	119	11.5%	18.8	121	11.5%	19.0	240	11.5%	18.9
	55-64	46	4.4%	10.3	60	5.7%	13.2	106	5.1%	11.8
	65-74	28	2.7%	10.7	27	2.6%	8.9	55	2.6%	9.7
	75-84	20	1.9%	11.7	23	2.2%	9.4	43	2.1%	10.3
	85+	6	0.6%	10.2	15	1.4%	11.0	21	1.0%	10.8
	All ages	1039	100.0%	23.2	1049	100.0%	24.2	2088	100.0%	23.7
OTHER	<1	1	0.2%	1.5	0	0.0%	0.0	1	0.2%	0.8
	5-14	9	1.8%	1.5	7	5.4%	1.2	16	2.5%	1.3
	15-24	187	36.5%	27.7	42	32.6%	6.5	229	35.7%	17.4
	25-34	129	25.2%	22.2	32	24.8%	5.8	161	25.1%	14.3
	35-44	101	19.7%	17.1	22	17.1%	3.8	123	19.2%	10.5
	45-54	58	11.3%	9.2	20	15.5%	3.2	78	12.2%	6.2
	55-64	19	3.7%	4.3	4	3.1%	0.9	23	3.6%	2.6
	65-74	4	0.8%	1.5	1	0.8%	0.3	5	0.8%	0.9
	75-84	3	0.6%	1.8	1	0.8%	0.4	4	0.6%	1.0
	85+	1	0.2%	1.7	0	0.0%	0.0	1	0.2%	0.5
	All ages	512	100.0%	11.7	129	100.0%	3.0	641	100.0%	7.4

Source: NE vital statistics data, 2004-2008

Table 11: Injury-related trauma records and percentages, by cause and age group, Nebraska residents, 2004-2008

CAUSE	Age Group											All ages	%
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
Unintentional	125	614	1759	4288	2830	2801	3418	2826	2662	4111	3909	29343	100.0%
FALLS	64	258	533	562	547	797	1254	1428	1826	3356	3591	14216	48.4%
MOTOR VEHICLE TRAFFIC	28	116	460	2434	1359	1149	1144	810	444	459	159	8562	29.2%
OTHER TRANSPORTATION	0	32	212	460	306	278	346	185	107	41	22	1989	6.8%
STRUCK BY/AGAINST	8	43	203	277	136	132	115	96	61	62	31	1164	4.0%
MACHINERY	0	3	12	90	102	85	123	62	49	31	9	566	1.9%
CUT/PIERCE	1	12	44	103	97	87	83	40	27	11	5	510	1.7%
NATURAL/ENVIRONMENTAL	4	50	53	41	43	57	85	46	35	30	9	453	1.5%
OTHER PEDAL CYCLIST	0	15	112	31	25	35	57	33	10	9	0	327	1.1%
FIRE/BURN	9	39	20	44	34	27	30	12	13	9	4	241	0.8%
OVEREXERTION	0	0	9	18	17	14	17	13	22	24	14	148	0.5%
FIREARM	0	0	18	47	30	17	16	15	1	1	0	145	0.5%
OTHER PEDESTRIAN	0	4	7	15	8	9	16	5	11	5	2	82	0.3%
DROWNING	3	9	8	8	2	3	2	1	1	0	0	37	0.1%
POISONING	0	0	0	3	0	4	3	2	1	1	1	15	0.1%
SUFFOCATION	0	1	0	1	0	0	0	1	0	0	0	3	0.0%
OTHER SPECIFIED	2	25	46	109	81	82	77	44	29	20	11	526	1.8%
NEC	3	5	11	20	23	9	18	11	11	11	16	138	0.5%
NOT SPECIFIED	3	2	11	25	20	16	32	22	14	41	35	221	0.8%
Intentional	24	15	51	910	648	454	342	89	31	16	4	2584	100.0%
SELF-INFLICTED	0	1	14	113	95	73	67	15	14	9	2	403	15.6%
ASSAULT	24	14	37	797	553	381	275	74	17	7	2	2181	84.4%

Source: Nebraska Trauma Registry, 2004-2008